### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

19110

	16118		CERTIFIC		OI DUATITI				
1. PLACE OF DEATH a. COUNTY	Anne Arun	del	MARYLAI	ND 2.	usual RESIDENCE (Who	ere deceased	1 (0)1111701	Anne An	
b. CITY OR TOWN (III RURAL and give ne			2 days		c. CITY OR TOWN (If ou	utside corpor	ote limits, write RU dena, Md.	100	arest town)
d. NAME OF HOSPITA OR INSTITUTION Anne Arunde]	AL (If not in hospital, gi		ss)	1	d. STREET ADDRESS Bayside		NEADO L		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Firs Anne (	Anne)	Middle A •		Lost ADAMS	4. DATE OF DEATH	Novembe		28 19 60
5. SEX	6. COLOR OR RACE	,		B. D.	ATE OF BIRTH	1		FUNDER 1 YEAR	R IF UNDER 24 HR
Female	1111200	WIDOWED 🔀			ine 20, 1886		74 yrs.	Months Days	Hours Min,
Salesla	ing life, even if retired)		of Business or I	e	Pennsylvar	nia	untry)	U.S.	F WHAT COUNTRY
13. FATHER'S NAME	D 01	4		14	. MOTHER'S MAIDEN N				
	B. Sheri				Rose Ann	e Mal			
15. WAS DECEASED EVER (Yes. no. or unknown)	R IN U. S. ARMED FORC			Mrs.		zoe,	New Fre		Pa.
Conditions, if or gove rise to in cause (a), stating lying cause lost.	the <u>under-</u> DUE TO	Car	arta	ru	to le	ne	9 1	ON )	TERVAL BETWEEN ISEL AND DEATH
I CATIC					RELATED TO THE TERMIN			N IN PART 1(0)	PERFORMED?
	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCI	URRED. (E	nter nature af injury in P	ort I ar Part	II of item IB.)		
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Yea	The second second	Not while_		OF INJURY (Home, farm, street, office bldg., etc.		or tawn)	(County)	) (Stot
		length,			22d. ADDRESS	M, fram 1  P.M.  D.  RECTOR		an the date	22b. DATE SIGNE 11/28/60
23a. BURIAL, CREMATIO BERMOVAL (Specify)	Dec. 1.		St. John				ON (City, tawn, ar		(Stote)
24 JUNEPAL DIRECTOR		Heur	Freedo	m.		BY REGISTE	AR 25b. REGIST	TRAR'S SIGNATU W1 S. KLAU	JRE

TO HOS! It OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in its after death. Page in may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board at Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/59

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Marie Committee of the 12 very Carlot - Children Carlot & Travel & Child The state of the s PART OF THE PART O And the same no tron selles a different con il di son, il di son, il sen brandant, il di No. 100 Williams and the contract of the contract of The tenth in a Maria and the State of the Committee of th the state of the s

Stirled . Ben. I, 1960 to. Tomp a. C. Cauf. May Presiden, Penna.

TO DEFCIX MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If at the last section, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the inversal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Fife pages, and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

FOR STATE

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL	. RESEARCH AND RECORDS,	301 W. PRESTON STREET,	<b>BALTIMORE 1,</b>	MARYLAND
49450 MEI	DICAL EXAMINER'S	CERTIFICATE OF	DEATH	19001

1.	PLACE OF DEATH				2. USUAL RESID	ENCE (Where			esidence before	edmission)
1	Anne Aru	ndel		MARYLAND	New Je	rsev	Can	e May	Country	
1	b. CITY OR TOWN (I	outside corporete limit	s,   c.	LENGTH OF STAY IN 16		· ·	orporete limits, wri			wn)
		give neerest town)	20					17	V -	3
	Laurel	AL OR INSTITUTION (II		minutes	Ocean City			01	15 15	RESIDENCE
			nor in nospirar,	give sineer eddress)						A FARM?
		ace Track			941 Ba	y Ave.			YES	NOX
3.	NAME OF DECEASED	First		Middle	Last	4. DAT	E Mon	th	Dey Ye	or no
	(Type or print)Avi					DEA	TH NOV	.llth.	19	60
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In year		YEAR IF UNDE	R 24 HRS.
	F	White	WIDOWED	DIVORCED	6/10/99		lest birthdey)	Months D	eys Hours	Min.
100	. USUAL OCCUPATI	ON (Give kind of work	10b. KIND	OF, BUSINESS OR INDUST	RY   11. BIRTHPLACE (S	itate or foreign		12. CITIZ	ZEN OF WHAT	COUNTRY?
	ne during most of wor lousewife	king life, even if retired	) 6	L. a.	Leesburg	. N.J.		1	JSA	
	FATHER'S NAME			rane	14. MOTHER'S MAII				JUA	
	John Abel				Abbie					
15.		R IN U.S. ARMED FOR	CES?   16. SOC	IAL SECURITY NO 1 17.	INFORMANT	Ollatice	Addre	4		
		yesgive werordates of se				T Allow				
-	10 GRUGE OF D	No	- E		Mr. Walter	o ALLIen				
		EATH [Enter only one WAS CAUSED BY:	-	3					ONSET AND	
		MMEDIATE CAUSE (e)_	Corona	y Occlusion					Sudde	n
	776	DUE TO							1 -30-6	
	Conditions, if any	, which ) (b)_								
	geve rise to immedia	DITETO								
	(a), stating the ur cause lost.	(c)								
z	PART II. OTHER	172	IONS CONTRIBI	UTING TO DEATH BUT N	OT RELATED TO THE TE	RMINAL DISEA	SE CONDITION GI	VEN IN PART	1(e) 19. WAS	AUTOPSY
18	OTTO LANG.									ORMED?
5	20e. EXTERNAL CA	LISE WAS 20	DESCRIBE H	OW INJURY OCCURED.	(Fotor nature of Injury is	Part I or Part II	of item 18 1		YES	NO X
CERTIFICATION	PRIMARY Or CO CAUSE OF DEATH.		D. DESCRIBE III	OW WOOK! OCCORED!	femor notate or injury to		01 11011 10.7			
CAL	20c. TIME OF INJU	RY Month, Dey, Yee			ACE OF INJURY (Home, ctory, street, office bldg.		City or town)	(Coun	ty)	(Stete)
MEDIC.	Hour e.m.	19	et work	et work						
	21. I certify th	at I took charge o	the remains	described above, h	eld an Autopsy	, Inspectio	n v Inqu	iry 🔽	and in my	pinion
	death resulted f	rom: Natural ca	uses Fr.	Accident . Sui	cide , Homici		Indetermined i	nanner		
	(1	h/-		4		CAL EXAMINER				
	ACTUAL Z	wetone It	toute	ing gra		MEDICAL EXAM	LI CONTRACTOR		, DATE SI	CAIFD
1	SIGNATURE				M.D.			11/11/	160 ATE 31	RED
	EXAMINER'S NAME (Type) (	Paradama U	T	W D		PICAL EXAMINE		Dansand	162	
220		Justave H.		M.D.			or count Glen CATION (City, tow		)(Ste	ital
1	REMOVAL (Specify)	N	1.	n	att 1	1 0	/	M.	().	
22	FUNERAL DIRECTOR	1/Can 16,	1460VL	ADDRESS (	unodiel 24a.		STOAD I 24h AF	SISTRAR'S SIG	ENATINE .	ely
23	11151	1) ,1	/	1 1	dente 1.	1011 4 E 10			0	1
X	le Will	Manueld	con, N	auce, 11	Large DATE	NOV 1 5 '6	o l'a	Thung & +	Trans	-

DEPARTMENT TO PROPERTY AND A STREET AND A ST 12131 . The told done On the contract nolle de sere 305/0T/5 maria a restair . The maleure to general A. harris of Francis be subraid mad

#### CERTIFICATE OF DEATH

12095

			CERTITIO	JAIL O	DEATT			Reg. Dist	. No.	
V	o. COUNTY An	ne Arundel	MARYLANI	O STA	RESIDENCE (WH	nere decease	d lived. If instituti b. COUNTY	on: Residence	before admi	ssion)
	RURAL and give n	f outside corporate limits, write earest town) WCL, Md.	c. LENGTH OF STAY IN 11		or town (If o		prote limits, write R	URAL ond gi	ve nearest tov	vn) X —
	d. NAME OF HOSPY OR INSTITUTION Ch	fattrict of and ildren's Cente	fig <sup>dd</sup> School r	d. STR	O - N S	treet	S.W.		ON	A FARM?
3	NAME OF DECEASED (Type or print)	First Alice	Middle	Ander	Last SON	4. DATE OF DEATH	140 4 001	nber 2	Doy 20	Yeor 1960
47	female		ARRIED NEVER MARRIED WED DIVORCED	B. DATE OF	9, 1885	Ś	9. AGE (In years last birthdoy) 7 yrs.		YEAR IF UND	
Ŀ	during most of wor Institution	king life, even if retired)	Db. KIND OF BUSINESS OR IN		Washing	ton,			USA	COUNTRY
		t Anderson			Alice An					
1	S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	Childre		ter,	Laurel, M			
	Conditions, if of gover ise to it couse (o), stoting lying couse lost.	DUE TO  ny, which (b)  mmediate DUE TO	Senility	chopneu	monia				INTERVAL E	
	PART II. OTH		is contributing to DEATH I		ED TO THE TERMI	INAL DISEAS	SE CONDITION GIV	EN IN PART	1(o) 19. WAS PERF YES	ORMED?
	20c. TIME OF INJUR Hour o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Doy, Year 19 20d Wh		PLACE OF INJ foctory, street,	URY (Home, form office bldg., etc	n, 20f. (Cit			ounty)	(Stote
	actual signature Physician's NAME (Type)	Mov. 20, 19  Ames E. Boylar	oyland	M.D	d at 5:45A Children	M, fram Appress		id an the stote)  Laure	date state	ed abave ATE SIGNE L1/21
1	220. BURIAL, CREMATIC REMOVAL (Specify 13. FUNERAL DIRECTOR	11-22-6	22c. MAME OF CEMETER	OR CREMATO	al	D BY REGIS	0	or county)  STRAR'S SIGN  Chun & T	NATURE	ote)

in by the funeral director, and 2 should be filed with moy be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registror prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/5B

OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24

TO HOSP

s ofter death. Page 4

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VR A15 (4) 15M 9/59

25g. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

Library and Committee to the second committee of the comm Accepted - family 1000 COLD THOUSAND The second of the second and the state of t 

**CERTIFICATE OF DEATH** 

12097

Reg. Dist. No.

may be Wained by the hospitol or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled poge 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to buriol, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57

1	o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STAE b. COUNTY Anne Arundel
(M)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Annapolis	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Annapolis
A 15 /	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTRUCTION 19 Cathedral Street	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
V		/ 19 Cathedral Street
	3. NAME OF DECEASED (Type or print) BERNARD F BASI	L Lost OF NOVEMBER 5, 1960 19
	5. SEX  Male  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  WIDOWED DIVORCED	8. DATE OF BIRTH  April 9, 1885  9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done lob. Many Bushess OR INDU during most of working life, even if retired)	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
-	Office Clerk   Governors Office	Annapolis Maryland USA
(1	Fletcher Basil	
,,	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	Elizabeth Owens
		s Nellie I. Basil- Wife- same as # 2
	18. CAUSE OF DEATH [Enter only one couse per fine for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Prostate Slave with Interval Between ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate (b)	to spine 6 mores
	couse (o), stoting the under DUE TO	
	, (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED? YES NO NO
0	(IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the p. m. 19 Ot work of work of work 19 Ot work 1	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) ctory, street, office bldg., etc.)
	21. I certify that I attended the deceased from	1960, to 11-5-, 1960, that I last sow the deceased
W (73)		occurred ofM, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED
1	SIGNATURE CLASS A TUNTAN	M.D
	PHYSICIAN'S James Martin MD	6 Shaw Street, Annapolis, Md.
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	(31010)
1)	Burial Nov. 8,1960 Cedar Bluff C	
The	Len Z M 47/1 ~	
1/3	Hopping Funeral Home Annapolis, Md.	DATE NUVIO 60 Orthan S. Tures

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1.00			07. F TO	[- '
		alie. His	nn E nt	r

ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? X NO (County) (Stata) Inquiry and in my opinion Undetermined manner DATE SIGNED 22d. LOCATION (City, town, or country) Annapolis, Md. 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Annapolis, Maryland Orthur S. Kraus DADEC 2063289XV4

MARYLAND STATE DEPARTMENT OF HEALTH

ANNE ARINDEL

Day

24

U.S.A.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

e. IS RESIDENCE ON A FARM?

YES NO

1960

Year

e/20/en/ tem or the state of the state o Fire Career Cin M. EDBINS AND A SERIES Principles of the second of th The americal Control of the Control rooming as MILL diel . egroce Money Corps M. Bolt- 118 Chart Court- man. d. DESCRIPTION OF THE PROPERTY OF 

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

ODERE CEDTICICATE OF DEATH

	16166	CERTI	FICATE OF BEAT	П	Reg. Dist. N	o. `
1. PLACE OF DEATH	Acuada/	MARY	G STATE	/here deceased lived. If in b. CO		fore admission)
RURAL and giv	N (If outside carporate limits, re nearest town)	write c. LENGTH OF STAY	IN 16 c. CITY OR TOWN (IF	autside carporate limits, w	vrite RURAL and give n	earest lown)
d. NAME OF HO	SPITAL (If not in hospital, giv	e street oddress)  65 pi tal	d. STREET ADDRESS	358 (V4	SSENIGE	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Leon	med Louis	Benden	4. DATE OF DEATH	Month I	Doy Year 6 1960
Male.	1 1 1 1	MARRIED NEVER MARRIE	25-1-ch. 19	9. AGE (In last birth		R IF UNDER 24 HRS Hours Min.
during most of	working life, even if retired)  (Ref)	AACO. BU-1F E	-duca- Fort way	ve India	12. CITIZEN	1-5-12
13. FATHER'S NAME	er Ben	der	Sopp	ia Have.	iek	
15. WAS DECEASED (Yes, no or unknown)	EVER IN U. S. ARMED FORCE		Mrs. Philomena	Bender-	- Samo A	s F2
	DEATH [Enter only one cour DEATH WAS CAUSED BY: " IMMEDIATE CAUSE (a)_ DUE TO	e per line far (a), (b), and (c).] TERMINAL B	RONCHO-PNEU.	MONIA	IN ON	TERVAL BETWEEN NSET AND DEATH
Canditions, i gave rise to cause (a), stati	if any, which (b) (b) DUE TO	MASSIVE CL	EREBRAL HEN E CARDIOVASLU	AMORHAGI		72 HRS
_	/ (0)=	TIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERM			
	WAS UNDERLYING   2 ING   CAUSE OF DEATH (IFY MEDICAL EXAMINER)	06. DESCRIBE HOW INJURY OF	CCURRED, (Enter nature of injury in	Part I ar Part II of item 1	B.)	
20c. TIME OF IN Hour o. p.	m. 10	20d. INJURY OCCURRED While Nat while at work at wark	20e. PLACE OF INJURY (Hame, far factory, street, affice bldg., et	m, 20f. (City or tawn)	(County	y) (State
21. 1 certify alive on	that I attended the a		death occurred at 12 40	ADDRESS (Street, city or	ises and on the d	ate stated abov
SIGNATURE	ARTHUR LAND	ford Ja.	M.D. 2934 MO PASADE		CNALY	11-16-6
220. BURIAL, CREMA REMOVAL (Sport	TION, 226. DATE THEREOF	22c. NAME OF CEME	TERY OR CREMATORY Haven	Cler Bu	lown, ar county)	(State)
23. FUNERAL DIRECT	OR'S SIGNATURED	ADDRESS Glen	Burnie, Md DATE O		REGISTRAR'S SIGNAT Outling S. Kras	

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 TO HOSP CONTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be mained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A1S (4) 1SM 9/SS

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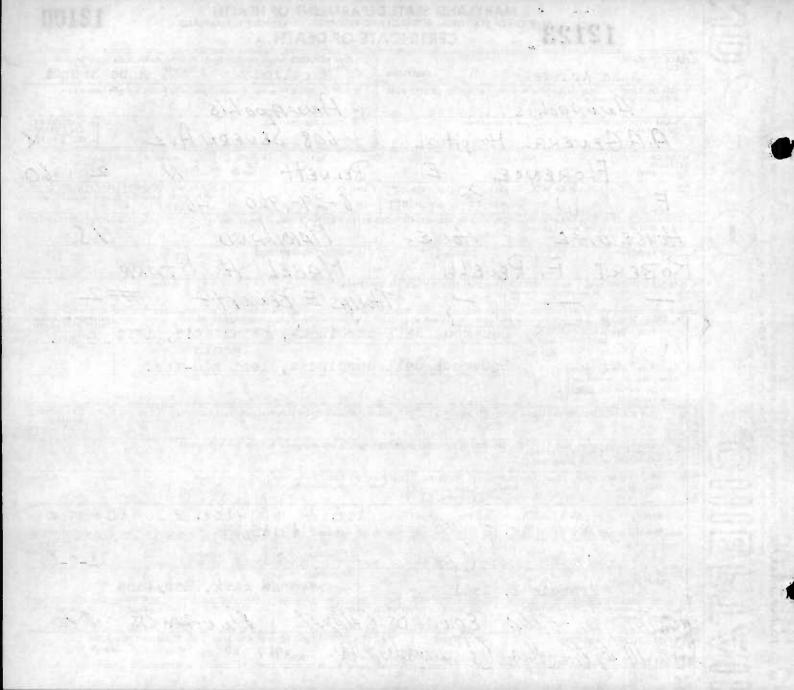
# MARYLAND STATE DEPARTMENT OF HEALTH 12123 CERTIFICATE OF DEATH

12100

B. CITY OR TOWN (If outside corporate limits, write and press town)  Anne Arunda  b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  RURAL ond give fearest flown)  d. NAME OF HOSPITAL (If not in haspital, give street address)  d. NAME OF HOSPITAL (If not in haspital, give street address)  d. STREET ADDRESS  COR PAIL (If not in haspital, give street address)  d. STREET ADDRESS  COR PAIL (If not in haspital, give street address)  d. STREET ADDRESS  COR PAIL (If not in haspital, give street address)  d. STREET ADDRESS  COR PAIL (If not in haspital, give street address)  d. STREET ADDRESS  COR PAIL (If not in haspital, give street address)  d. STREET ADDRESS  COR PAIL (If not in haspital, give street address)  d. STREET ADDRESS  COR PAIL (If not in haspital, give street address)  G. COLOR OR RACE 7. MARRIED NEVER MARRIED   8. DATE OF BIRTH  D. DATE DEATH  S. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED   8. DATE OF BIRTH  D. DATE DEATH  Months Day Year  INDURED Y YEAR IT UNDER 24 H  Months Day Year  INDURED Y YEAR IT UNDER 24 H  Months Day Hours Mine  Months Day Hours Mine  Months Days Hours Mine  10. USUAL OCCUPATION (Give kind, of work done)  d. STREET ADDRESS  COR FIRST IN UNDER 24 H  Months Days Hours Mine  Months Days Hours Mine  10. USUAL OCCUPATION (Give kind, of work done)  Months Days Hours Mine  11. BIRTHPLACE (Stote or foreign country)  12. CITIZENOF WHAT COUNTIL  THOMPS MAIDEN NAME  13. EATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. IT. INFORMANT  HOW HAS ADDRESS MADE  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. IT. INFORMANT  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. IT. INFORMANT  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. IT. INFORMANT  16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. IT. INFORMANT  17. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. IT. INFORMANT  18. CAUSE OF DEATH  19. WAS	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
RURAL and gist jearest town)  d. NAME OF HOSPITAL (If not in haspital, give street address)  OR LASTITUTION  S. SEX  OR COLOR OR RACE   7. MARRIED NEVER MARRIED   8. DATE OF BIRTH   9. AGE (in year)   190 to 19	o. COUNTY Anne Arundel MARYLAND	o. STATE Maryland b. COUNTY Anne Arunda
d. NAME OF HOSPITAL (If not & hospital, give street address)   d. STREET ADDRESS   C. S. SEX   D. C. COLOR OR RACE   First   Middle   BENNET   ADATE   Month   Day   Year   DEATH   S. SEX   D. COLOR OR RACE   T. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   S. DATE OF BIRTH   DIVORCED	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give learest tawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
3. NAME OF DECRASED FOR FIRST    S. SEX		10 HANAPOLIS
S. SEX   6. COLOR OR RACE   7. MARRIED NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IFUNDER 1 YEAR   IF UNDER 24 H   MIDOWED   DIVORCED   DIVORCED   DIVORCED   GIST   HOLD   GOLD	OR INSTITUTION OF HOSPITAL (IT not an naspital, give street address)	ON A FARM?
S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  8. DATE OF BIRTH  9. AGE (In years fost pirihday) fost pirihday fost pirihday) fost pirihday fost pirihday fost pirihday fost pirihday fost pirihday		Last 4. DATE Month Day Year
NIDOWED   DIVORCED   C-29-1920   lost birthday)   Months   Days   Hours   Mir	(Type or print) FLORENCE E	BENNETT DEATH // 2 1966
100. USUAL OCCUPATION (Give kind, of work done)   100. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or foreign country)   12. CITIZENOF WHAT COUNTING during most of working life, graph (Felired)   13. EATHER'S NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASEDEVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. CAUSE OF DEATH   Enter only one cause per line for (o), (b), and (c).   18. CAUSE OF DEATH   Enter only one cause per line for (o), (b), and (c).   19. WAS AUGUSTED BY: IMMEDIATE CAUSE (a)   10. SQUALMOUS CELL CARCINOMA, METAL ADDRESS AND DEATH   10. SQUALMOUS CELL CARCINOMA, LETTER ONLY IN PART 1 (a)   19. WAS AUTOP PERFORMED ONLY IN PART 1 (a)   19. WAS AUTOP PERFORMED ONLY IN PART 1 (a)   19. WAS AUTOP PERFORMED ONLY IN PART 1 (a)   19. WAS AUTOP PERFORMED ONLY IN PART 1 (b)   19. WAS AUTOP PERFORMED ONLY IN PART 1 (c)	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
13. EATHER'S NAME  14. MOTHER'S MADEN NAME  15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]  18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]  18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]  18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).]  19. PART I. DEATH WAS CAUSED BY:  10. SQUAMOUS CELL CARCINOMA, Metastatic, left SIMO.  11. INFORMANT  12. INFORMANT  13. INFORMANT  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  16. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]  18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).]  19. PART I. DEATH WAS CAUSED BY:  SQUAMOUS CELL CARCINOMA, Metastatic, left SIMO.  10. SQUAMOUS CELL CARCINOMA, left mid—toe.  20. ACCIDENT WAS UNDERLYING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOP PERFORMED? YES NO.  20. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20. ACCIDENT WAS UNDERLYING CAUSED OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20. ACCIDENT WAS UNDERLYING CAUSED OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20. ACCIDENT WAS UNDERLYING CAUSED OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20. ACCIDENT WAS UNDERLYING CAUSED OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20. ACCIDENT WAS UNDERLYING CAUSED OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20. ACCIDENT WAS UNDERLYING CAUSED OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20. ACCIDENT WAS UNDERLYING CAUSED OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20. ACCIDENT WAS UNDERLYING CAUSED OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20. ACCIDENT WAS UNDERLYING CAUSED OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20. ACCIDENT WAS UNDERLYING CAUSED OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20. ACCIDENT WAS UNDERLYING CAUSED OF	WIDOWED DIVORCED	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (17. INFORMANT)  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  MMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse last.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  200. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (I) FEITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED form, 20f. (City or town) (County) (Stering County) Street, affice bidg., etc.)	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
Thomas E. Benneft   Thom	13_EATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas E. Benneft   Thom	ROBERT F. REVELL	MABEL H. STARR
The cause of death   Enter only one cause per line for (o), (b), and (c)-]		FORMANT Address
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Squamous cell carcinoma, metastatic, left 5 mo.  DUE TO groin  Conditions, if only, which gave rise to immediate couse (a), stoting the under-lying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOP PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Steeper of Injury (Home, form, 20f. (City or town) (County) (Steeper of Injury of	(If yet, give war or dates or service)	BMAS E. BENNETT # 2
DUE TO  Conditions, if only, which gave rise to immediate couse (a), stoting the under-lying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GOVERNED  OR CONT	1B. CAUSE OF DEATH [Enter anly one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
DUE TO  Conditions, if only, which gave rise to immediate couse (a), stoting the underlying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.)  300. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Factory, street, affice bldg., etc.)	PART I. DEATH WAS CAUSED BY: Squamous cell	carcinoma metagratic left -
gave rise to immediate couse (a), stoting the under:    DUE TO	1/120	
gave rise to immediate couse (a), stoting the under:    DUE TO	Conditions if any which Squamous cell	carcinoma, left mid-toe.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOP PERFORMED?  YES NO  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.)	gave rise to immediate	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOP PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 400. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Storage of Injury) (Storage	lying source lest	
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m.  20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Storage) (Storag	, (c)	NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) 10. WAS AUTOPS
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m.  While Not while factory, street, affice bidg., etc.)	E STAN III. OTHER SIGNATIONS CONTINUOUS CONTINUOUS TO BEATT BUT	YES NO [
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m.  p. m.  19  20d. INJURY OCCURRED factory, street, affice bldg., etc.)  factory, street, affice bldg., etc.)	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature af injury in Port I or Part II of item 18.)
Hour o. m.    While Not while   factory, street, affice bldg., etc.)	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State
E p. m. '' at work at work	Hour o. m. 19 While Not while fac	tary, street, affice bldg., etc.)
21. I certify that (1) (this hospital attended the deceased from AUS. 24, 1960 to Nov. 2, 1960 that (1) (w) 10		
saw the deceased glive on Nov. 2 1960, and that death accurred at 9: 45 from the causes and on the date stated above	saw the deceased glive on NOV . 2 1960, and that d	leath accurred at 9: 45 from the causes and on the date stated above
	Mampa L	ATTENDING MED. STAFF
22c. PHYSICIAN'S 22d. ADDRESS		
NAME (Type) Francis I. Codd Severna Park, Maryland	NAME (TypeV	
23a. BURIAL, GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	23a. BURIAL, GREMATION, 23b. DATE THEREOF 23s. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City, town, or county) 25tote)
BURTAL" 11-5-60 EDWARDS CHAPEL HONAPOLIS 19D.	BURTAL" 16-5-60 EDWARDS	CHAPEL HANAPOLIS 19D.
20 REUNERAL DIRECTOR'S SCHATTRE ADDRESS DO DO DATE NOV 7 260 CITILING 8. THOUSE	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

the funeral directar, should be filed with

VR A1S (4) 1SM 9/S9



after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 12124 CERTIFICATE OF DEATH

12101

				П					
1. PLACE OF DEATH o. COUNTY	Anne Arund	el	MARYLAND	2. USUAL RESIDENCE (WI o. STATE		b. COUNTY	Anne Am		ion)
	(If outside corporate limits	, write c. LENG	TH OF STAY IN 16	c. CITY OR TOWN (If	outside corpor	ote limits, write R	URAL ond give n	earest town	1)
RURAL ond give r		1	mth	PHIDAT	Two	we Inndi	70.00		
			nun		- Irac	As Taur	ug	le. IS RES!	IDENCE
. OR INSTITUTION				1				ONA	FARM?
3. NAME OF DECEASED	Annapolis  d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION One Arundel General Hospital  NAME OF  First  Middle  RURAL - Tracys Landing  d. STREET ADDRESS  d. STREET ADDRESS  ON A FARM? YES \( NO MIDDING MONTH M								
(Type or print)	Meda	2	<b>D</b> .	BINGHAM	DEATH	Novembe	r	15 1	19 60
5. SEX	6. COLOR OR RACE	7. MARRIED   N	EVER MARRIED	B. DATE OF BIRTH		9. AGE (In years		R IF UNDE	R 24 HR
Female	4-	WIDOWED	DIVORCED [	Dec. 25, 1882	2	77 yrs.	Months Doys	Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of work de	one 10b. KIND OF	BUSINESS OR INDU			untry)	12. CITIZEN	OF WHAT C	OUNTRY
	Ring life, even is retired)	Hos	ne	Virginia	1		U.	5.	
3. FATHER'S NAME	. 6,	0,		14. MOTHER'S MAIDEN	NAME	_			
Tew	es Mm	abe	00	1 1 Sell	2 15	olow			
	ER IN U. S. ARMED FORCE		ECURITY NO. 17.	NFORMANT	1) 1	Add	ress	1	1
(Yes, no, or unknewn)	(If yes, give war ar dates of ser	vice)	1	olone!	4 /	Linge	wen-	(2	1)
18. CAUSE OF DE	ATH   Enter only one cou	se per line for (o),	(b), and (c).]			-11		TERVAL BET	
	ATH WAS CAUSED BY:	Cent	hand or	the me land			10	NSET AND	DEATH
11177	IMMEDIATE CAUSE (6)		· CAC	- Commission	9				
Tod	DUE TO	м.		- 1	0	. 11			
Conditions, if	immediate (	·nu	vacue	al & rive	ine	agricio	ng		
couse (o), stating	the under- DUE TO	0.1.		bet in		7+ 1, 1			
lying couse lost	- (0).	jev	mayed	wurne	mi u	in ny p	Mish	Tag 1446	ALITORON
PART II. OT	THER SIGNIFICANT COND	OITIONS <u>CONTRIBU</u>	TING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GI	ZEN IN PART T(0)	PERFO	RMED?
200. ACCIDENT W	'AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port	II of item 18.)			
	RY Month, Doy, Yeo	20d. INJURY OC	CURRED 20e. P	LACE OF INJURY (Home, for	n, 20f. (City	or town)	(Count	y)	(Stote
20c. TIME OF INJU Hour o. m.	19	While Not	while	octory, street, office bldg., etc					
		ot work ot w							
21. I certify th	ot (I) (this the xpinate)	Cattended the	deceased fram.	Oct. 16, 19	260, to 1	lov. 15,	, 19_60.	that (I) (	<b>M</b> e) la:
saw the deced	sed alive an Nov	15 19	50 , and that	death accurred at	.M, fram	the causes ar	nd on the da	te stated	abave
220. SIGNATURE	- 1	11 1 1	, ^		.M.			221	b. DATE SIGNE
	Lhus	Ti hule	m	M.D. PHYS.	AED.	STAFF PHYS.		11/1	6/60
22c. PHYSICIAN'S NAME (Type)				22d. ADDRESS					
TVAME (Type)	Emily H. W	ilson		Lothian	ı, Md.				
23a. BURIAL, CREMATI	ON, 23b. DATE THEREO	F 23c. NA	ME OF CEMETERY	OR CREMATORY	23d. LQCAT	ION (City, town,	or county)	(Ştatı	le)
SEMOVAL (Specif		960 F	ZIT We	w Cemeter,	1 RA	anoke		Va	
24 FUNERAL DIRECTO	R'S SIGNATURE	ADI	DRESS	250. REC	'D BY REGIST	RAR 2Sb. REG	ISTRAR'S SIGNAT	URE	
John my	. Zayler Si	no Us.	mapolis	) Mal DATE	NOV 21	'60	arthur &	Kroup	
11	/		/	DAIL	HUI A		a land	1 Abdodo-	

TO HOSPI may be VR A1S (4) 1SM 9/59 MIST HAND TO BUILDINGS TO LES IS I Louvers Anna Branchist Branchist Colores Anna william avoid - INBL - INBL - I william I - I allow Applied to the state of the Landburg La Coord of Benginsens (2) . No. on the contract of the c THE ALERT - F TALK The state of the s

	in by the funeral director,	and 2 should be filed with	(
	the attending physician and completely filled	Then please remave carbon papers. Pages 1	and in any event, within 72 hours after death.
may be retained by the haspital ar ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with	the State Board of Health prior ta burial, cremation, ar remaval, and in any event within 72 hours after death.

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

VR A15 (4) 15M 9/59

	1. PLACE OF DE	ATH				2	USUAL RESIDENCE	(Where deced			n: Residence	before adm	nission)
	a. COUNTY	Anne A	runde	1	MA	RYLAND	a. STATE Marv	land	b.	COUNTY	Anne	Arur	ndel
		OWN (If outside	e carporate limi		LENGTH OF ST	AY IN 1b	c. CITY OR TOWN		porate limit	s, write RU	RAL and giv	ve nearest to	iwn)
9	Baltimo	give nearest to	wn)				50 Balt	imore	25				
i	d. NAME OF	HOSPITAL (If no	at in haspital, g	ive street ad	dress)		d. STREET ADDRESS		~)			e. tS F	RESIDENCE
l	5317 F	litchie	High	vay			5317	Rite	nie H	lighw	<i>j</i> ay		A FARM?
Ì	3. NAME OF		Fir	st	Mide	dle	Last	4. DATI		Manth	h	Day	Year
ı	(Type ar prin	)	Angel	line	Ler	na	Bohlman	OF DEA	Н	Nov		30.	1960
ĺ	S. SEX	6. CO	LOR OR RACE	Υ	D NEVER MAI	RRIED 8.	DATE OF BIRTH		9. AGE	(In years irthday)		YEAR IF UN	7
	Female	Wr	nite	WIDOWED	☐ DIVOR	CED 2	8 Aug.,	1885	75	yrs.	Manths D	Days Hou	rs Min
1	Oa. USUAL OC	UPATION (Give	e kind of work o	done 10b. KI	ND OF BUSINESS	OR INDUSTR	Y 11. BIRTHPLACE (S	tate ar fareigi	cauntry)		12. CITIZ	EN OF WHA	TCOUNTR
	Housew	of working life,	, even ir renired;				Maryla	nd			US.	A	
ŀ	13. FATHER'S NA	ME					14. MOTHER'S MAIDE	P-A-2	5-1-6				
I	?	Mie	exner			1100	Unknown						
1					CIAL SECURITY	NO. 17. INFO				Addre	ess		
ı	NO Or unknow	il (if yes, gi	ve wor or dates of s		5-01-66	665B	Herman B	ohlma	1. 9	ame	as 2		
	gave ris cause (o),	ns, if any, wh to immedia stating the und	ote ( DUE TO	)									
	NO PART		) (c NIFICANT CON		NTRIBUTING TO	DEATH BUT NO	OT RELATED TO THE TO	ERMINAL DISE	ASE CONDI	TION GIVE	EN IN PART	PER	AS AUTOPS RFORMED?
	The SON ACCID	ENIT WAS LINED	CRIVING [	20h DESCR	ISE HOW INTERN	OCCUPPED	Enter nature of lains	in Part Lar	Part II of He	m 181		1 1-2	
	OR CONTRI	ENT WAS UND 8UTING   CAI NOTIFY MEDICA	USE OF DEATH	20b. DESCR	18E HOW INJURY	OCCURRED.	Enter nature of injury	in Part I ar	Part II af ite	m 18.)			
	OR CONTRI (IF EITHER,	BUTING CAL NOTIFY MEDIC	USE OF DEATH AL EXAMINER)		URY OCCURRED  Nat while	20e. PLACI	Enter nature of injury  E OF INJURY (Home, y, street, affice bldg.,	farm, 20f. (0	Part II af ite		(Cc	ounty)	(Ste
	OR CONTRI (IF EITHER, 20c. TIME O Haur	BUTING CAI NOTIFY MEDICA F INJURY Mar a. m. p. m.	USE OF DEATH AL EXAMINER) orth, Day, Yee	or 20d. INJ While at work	URY OCCURRED Nat while at wark	20e. PLACI factor	E OF INJURY (Home, y, street, affice bldg.	form, 20f. (0 etc.)	ity ar tawn	irells	Sa 1963	Q, that (1	) (we) l
	OR CONTR (IF EITHER, 20c. TIME O Haur 21. I cert saw the	BUTING CAI NOTIFY MEDICA F INJURY Mar a. m. p. m. fy that (1) ( deceased al	oth, Day, Yeath At Examiner)  19  19  19	or 20d. INJ While at work	URY OCCURRED Nat while at wark	20e. PLACI factor	E OF INJURY (Home, y, street, affice bldg.,	form, 20f. (0 etc.)	ity ar tawn	irells	Sa 1963	(), that (I date stat	) (we) l
	OR CONTR (IF EITHER, 20c. TIME O Haur 21. I cert	BUTING CAI NOTIFY MEDICA F INJURY Mar a. m. p. m. fy that (1) ( deceased al	oth, Day, Yeath At Examiner)  19  19  19	or 20d. INJ While at work	URY OCCURRED Nat while at wark	20e. PLACI factor	E OF INJURY (Home, y, street, affice bldg., with accurred at ATTENDING	form, 20f. (0 etc.)	Nace m the co	littli	Sa 1963	(), that (I date stat	) (we) le
	OR CONTR (IF EITHER, 20c. TIME O Haur 21. I cert saw the	BUTING CAI NOTIFY MEDIC FINJURY Mar a. m. p. m. fy that (I) ( deceased al PURE	use of DEATH AL EXAMINER)  with, Day, Yea  this haspital  ive an #=	or 20d. INJ While at work	ury occurred Nat while of work  d the decease	20e. PLACI factor ed fram	E OF INJURY (Home, y, street, affice bldg., with accurred at ATTENDING PHYS.	farm, 20f. (0 etc.)	Malle m the co	erells	d an the	2, that (I date stat	) (we) lo ed abay 22b. DATE
	OR CONTR (IF EITHER, 20c. TIME O Haur 21. 1 certi saw the 22g. SIGNA 22c. PHYSIC NAME	BUTING CAN NOTIFY MEDIC  FINJURY Mar a. m. p. m.  fy that (I) ( deceased al TURE  (Type) C.  EMATION, 238	use of DEATH AL EXAMINER)  with, Day, Yea  this haspital  ive an #=	or 20d. INJ While at work ) attende 2.5	ury occurred Nat while of work  d the decease	20e. PLACI factor and that dec	of INJURY (Home, y, street, affice bldg.)  ATTENDING PHYS.  22d. ADDRESS 204 Cre	form, 20f. ((etc.)) 19to	Malle m the co	uses and	d on the	2, that (I date state 2 Lacons Burni	) (we) lo ed abay 22b. DATE
	OR CONTR (IF EITHER, 17) 20c. TIME O Hour 21. I certi saw the 22g. SIGNA 22c. PHYSIC NAME	BUTING CAN NOTIFY MEDIC  FINJURY Mar a. m. p. m.  fy that (I) ( deceased al TURE  (Type) C.  EMATION, 238	use of DeAth AL EXAMINER)  19  19  this haspital ive an A-  R. Mac	or 20d. INJ While at work ) attende 2.5	ury occurred Nat while of work  d the decease 1944, and  1d, M. D.  23c. NAME OF C.	20e. PLACI factor and that dec	of INJURY (Home, y, street, affice bldg.)  ATTENDING PHYS.  22d. ADDRESS 204 Cre	form, 20f. ((etc.)) 20f. ((fc.)) 20f. ((fc.)	Naccomm the community of Physics	SW, G	d on the	2, that (I date state 2 Lacons Burni	) (we) lo ed abay 22b. DATE SIGN
	OR CONTR (IF EITHER, 17) 20c. TIME O Hour 21. I certi saw the 22a_SIGNA 22c. PHYSIC NAME  23a. BURIAL, CR REMOVAL	BUTING CAINOTIFY MEDICA FINJURY Mar a. m. p. m. fy that (I) ( deceased al FURE (Type) C.  EMATION, 23t Specify) 3	this haspital ive an #F	or 20d. INJ While of work 1) attende 2.5	ury occurred Nat while of work  d the decease 1944, and  1d, M. D.  23c. NAME OF C.	20e. PLACI factor and that dec	e OF INJURY (Home, y, street, affice bldg)  ATTENDING PHYS.  22d. ADDRESS 204 Cre  REMATORY  25a.	form, 20f. ((etc.)) 20f. ((fc.)) 20f. ((fc.)	Maccomm the community of the community o	SW, G	d on the	2), that (I date state 2 2 (S	22b. DATE

----C. U. Degrolate, V. D. T. Tovik loand Rick. 87, 1986 Bulling  MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

12103

3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE  7. MARRIED   NEVER MARRIED   NE		12162 CERTIFICATE OF DEATH	TOTOO
B. CITY OR TOWN (If ouriside corporate limits, write expected limits, write BURAL and give nearest lown)  B. CITY OR TOWN (If ouriside corporate limits, write BURAL and give nearest lown)  J. ALARE OR HOSPITALITY near in hospital, give street address)  J. ALARE OR HOSPITALITY near in hospital, give street address)  J. ALARE OR HOSPITALITY near in hospital, give street address)  J. ALARE OR HOSPITALITY near in hospital, give street address)  J. ALARE OR HOSPITALITY near in hospital, give street address)  J. ALARE OR HOSPITALITY near in hospital, give street address)  J. ALARE OR HOSPITALITY near in hospital, give street address)  J. ALARE OR HOSPITALITY near in hospital, give street address)  J. ALARE OR HOSPITALITY near in hospital, give street address)  J. ALARE OR HOSPITALITY near in hospital, give street address)  J. ALARE OR HOSPITALITY near in hospital, give street address)  J. ALARE OR HOSPITALITY near in hospital, give street address)  J. ALARE OR HOSPITALITY near in hospital, give street address)  J. ALARE OR HOSPITALITY near in hospital, give street address)  J. ALARE OR HOSPITALITY near in hospital, give street address)  J. ALARE OR HOSPITALITY near in hospital, give street address or hospitality near in hospitality near in street address or hospitality near in hospitality near in street address or hospitality near in hospitality near	1. [	COUNTY - COUNTY	Residence before admission)
### AMARE OF ### ANAME OF OR *** ANAME OF **		Klave Arundel MARYLAND MATY 29d Gran	e Arund
ON A FAR    ON A FAR	-	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURA RURAL and give nearest town)	L ond give nearest town)
ON A FAR PORCEASION ON A FIRST INTO A COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. MAS AUT PERFORM YES ON ACCIDENT WAS UNDERSTRING DUE TO CONTRIBUTING COUNE (c). DUE TO DUE TO CONTRIBUTING COUNE (c). DUE TO DUE TO CONTRIBUTING COUNE (c). DUE TO DUE TO CONTRIBUTING COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. MAS AUT PERFORM YES ON ACCIDENT WAS DIDERS FOR THE COUNTRIBUTING C		Breeklyn / yrs. Brocklyn	50
DECASED EVEN IN U. S. ARMED FORCES? IN SOCIAL SECURITY NO. 17. INFORMANT  13. FATHER SYNAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? IN SOCIAL SECURITY NO. 17. INFORMANT  15. WAS DECEASED EVER IN U. S. ARMED FORCES? IN SOCIAL SECURITY NO. 17. INFORMANT  16. COLOR OR RACE  17. MARRIED   B. DATE OF BIRTH   1886   P. AGE (In years to bot birthday)   Month.   Day   Hours   Month.   Day   D		or Institution  New Tolds  d. Street Address  d. Street Address  2// Key T Rd	e. IS RESIDENC ON A FARM YES NO
100. USUAL OCCUPATION (Give kind of work done)   100. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stole or foreign country)   12. CITIZEN OF WHAT COUNTY   13. FATHER'S MAIDEN MAME   12. CITIZEN OF WHAT COUNTY   13. MOTHER'S MAIDEN MAME   14. MOTHER'S MAIDEN MAME   14. MOTHER'S MAIDEN MAME   15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18. CAUSE OF DEATH   16. The ronly one course per line for (o), (b), and (c).   17. INFORMANT   18. CAUSE OF DEATH   18. CAUSE OF DE		DECEASED A COF	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? IN. SOCIAL SECURITY NO. 17. INFORMANT Address:   15. WAS DECEASED EVER IN U. S. ARMED FORCES? IN. SOCIAL SECURITY NO. 17. INFORMANT Address:   16. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   19. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   19. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   19. Cause of DEATH [Enter only one cause per line for (o), (b), and (c).]   19. Cause of DEATH [Enter only one cause per line for (o), (b), and (c).]   19. Cause of DEATH [Enter only one cause per line for (o), (b), and (c).]   19. Cause of DEATH [Enter only one cause per line for (o), (b), and (c).]   19. Cause of DEATH [Enter only one cause per line for (o), (b), and (c).]   19. Cause of DEATH [Enter only one cause per line for (o), (b), and (c).]   19. Cause of DEATH [Enter only one cause per line for (o), (b), and (c).]   19. WAS AUTO PREVIOUS COUNTY (c), and and couse of DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTO PREVIOUS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTO PREVIous County, and an analysis of DEATH NOT PREVIous County, and analysis of DEATH NOT PREVIous County, and an analysis of DEATH NOT PREVIous County, and an analysis of DEATH NOT PREVIous County, and analysis of DEATH NOT PREVIous County, and analysis of DEATH	5. 9	WIDOWED DIVORCED   1-12 -1885 Pys. M.	UNDER 1 YEAR IF UNDER 24 HI
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  Address  Address		during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTE
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   19. Cause lost. (c)   Cause of Courted to the Cause C	13.	FATHER'S NAME	
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   19. Cause lost. (c)   Cause of Courted to the Cause C		Juliers Brown Mary Nary	-od
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stoling the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONTRIBUTION SIVEN IN PART I(a)  PART II. OT	15. (Yes		12 /
PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (9)		No 216-07-509/1978 Patrick 211 Ken	T Rd.
PART I. DEATH WAS CAUSED BY  DUE TO  Conditions, if ony, which gove rise to immediate couse (a), storing the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)  20c. TIME OF INJURY Month, Doy, Year Phys.  21. I certify that (I) (this haspital) attended the deceased from.  21. I certify that (I) (this haspital) attended the deceased from.  22. SIGNATURE  22. PHYSICIAN'S NAME (Type)  23c. NAME OF CEMETERY OR CREMATORY  23d. ADDRESS  23d. ADDRESS  23d. ADDRESS  23d. LOCATION (City, town, or county)  (Storie)  REMOVAL (Specify)  23d. ADDRESS  23d. LOCATION (City, town, or county)  (Storie)  REMOVAL (Specify)  23d. ADDRESS  23d. LOCATION (City, town, or county)  (Storie)  REMOVAL (Specify)  23d. ADDRESS  23d. LOCATION (City, town, or county)  (Storie)  REMOVAL (Specify)  23d. ADDRESS  23d. LOCATION (City, town, or county)  (Storie)			INTERVAL BETWEE
Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHOUSED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. ACCIDENT WAS UNDERTYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year More than the couse of the country of t		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COTONOS MOON OF	
gove rise to immediate couse (a), stating the under. Significant conditions contributing to death but not related to the terminal disease condition given in Part 1(a) 19. Was authorized to a contributing couse lost.  20a. ACCIDENT WAS UNDERLYING and the death of contributing to death but not related to the terminal disease condition given in Part 1(a) 19. Was authorized to a contributing and contribution and co		that on a selen- Too hos of dish	2000
PERFORM YES N  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Not while of work of wor		gave rise to immediate couse (a), stating the under. DUE TO	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Not while of work of	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(o) 19. WAS AUTO PERFORMED YES NO
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saw the deceased alive an NOV5_1960, and that death accurred at M, from the causes and an the date stated at 220. SIGNATURE  220. SIGNATURE  221. PHYSICIAN'S NAME (Type)  222. PHYSICIAN'S NAME (Type)  223. BURIAL, CREMATION, REMOVAL (Specify)  234. DATE THEREOF  235. NAME OF CEMETERY OR CREMATORY  236. LOCATION (City, town, or county)  237. BURIAL, CREMATION, REMOVAL (Specify)  238. DATE THEREOF  239. NAME OF CEMETERY OR CREMATORY  230. LOCATION (City, town, or county)  230. BURIAL, CREMATION, REMOVAL (Specify)  230. DATE THEREOF  231. NAME OF CEMETERY OR CREMATORY  232. DATE THEREOF  233. DATE THEREOF  234. DOCATION (City, town, or county)  235. DATE THEREOF  236. DATE THEREOF  237. NAME OF CEMETERY OR CREMATORY  238. DATE THEREOF  239. DATE THEREOF  230. DATE THEREOF  230. DATE THEREOF  230. DATE THEREOF  231. DATE THEREOF  232. NAME OF CEMETERY OR CREMATORY  2330. BURIAL, CREMATION, REMOVAL (Specify)  234. LOCATION (City, town, or county)  235. DATE THEREOF  236. DATE THEREOF  237. NAME OF CEMETERY OR CREMATORY  238. DATE THEREOF  239. DATE THEREOF  230. DATE THEREOF  230. DATE THEREOF  230. DATE THEREOF  231. DATE THEREOF  232. NAME OF CEMETERY OR CREMATORY  232. DATE THEREOF  233. DATE THEREOF  234. DOCATION (City, town, or county)  235. DATE THEREOF  236. DATE THEREOF  237. DATE THEREOF  238. DATE THEREOF  238. DATE THEREOF  239. DATE THEREOF  230. DATE	MEDICA	Hour o. m. While Not while foctory, street, office bldg., etc.)	(County) (St
220. SIGNATURE  220. SIGNATURE  220. SIGNATURE  220. DIRECTOR DIRE		Mark 60	. 19 <u>60</u> that (I) (we) I
NAME (Type) JOSEPH TALER 10234 A Blood N.E. Color Para  23a. BURIAL, CREMATION, REMOVAL (Specify) 11-22-60 HOLY Cross Cenetery Agre Arvadel, N.d.		220. SIGNATURE	Nov 19 SIGH
BUTIST 11-22-60 Holy Cross Cenetry Agre Arvadel, Mid.		22c. PHYSICIAN'S NAME (Type) JOSEPH TALER 22d. ADDRESS 102 BY A Block 1	F. E. Cleu Para
24. FUNERAL DIRECTOR'S SIGNATURE ADDRÉSS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	230	REMOVAL (Specify)	ounty) (State)
	24.		AR'S SIGNATURE

after death. Page OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 valued by the hospital or attending physician. In Intertion, Association and completely filled to the participation and completely filled. TO HOSP

VR A15 (4 15M 9/59

Edisi TO I STATE OF SMART 

22b. DATE THEREOF

28-NOV 1960

22c. NAME OF CEMETE

220. BURIAL, CREMATION,

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Cillus & Kroue

CA	ATE OF DEATI	1		Reg_Dist		
2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission)  o. STATE  New 1						
D. C. STATE MANY D. B. COUNTY Q. R. B. C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  LOST DEATH MONTH DEVENTY TEST NO PARTY OF THE RUNDER STATES.  D. STREET ADDRESS  O. STREET ADDRESS IF UNDER 1 STREET STREE						
D. O. STATE  O. COUNTY  O. C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  O. STREET ADDRESS  O. STREET ADDRESS AND IN ITEM IN						
1		OF	9			
		47		Months D	_	
IDUS	Lerm	ay.	country)			
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE WAYLA   b. COUNTY A. R &    o. STREET ADDRESS   c. IS RESIDENCE ON A FARM? YES   NO    LOST OF BIRTH   Day Year    of DEATH WONTH   Day Year    VELOW BY   DOY YEAR IF UNDER 124 MS.    OF DEATH WONTH   DAY HOURS   Months   Day   Hours   Min.    OF DEATH WONTH   Months   Day   Hours   Min.    OF DEATH   STATE OF BIRTH   DAY   Hours   Min.    OF DEATH   DAY   Months   Day   Hours   Min.    OF DEATH   DAY   Hours   Min.    OF DEATH   DAY   Hours   Min.    ON SET AND DEATH   DAY   Hours   Min.    ON SET AND DEATH   DAY   DAY    ON SET AND DEATH   DAY   DAY    ON SET AND DEATH   DAY   DAY    ON SET AND DEATH						
`A1	seulas Derea	~			ONSET A	ND DEATH
en	ju				100	dey-
BUT	NOT RELATED TO THE TERM	INAL DISEAS	SE CONDITION GI	VEN IN PART		
RREC	). (Enter noture of injury in	Port 1 or Po	rt II of item 18.)			<u> </u>
. PL/	CE OF INJURY (Home, farm tory, street, office bldg., etc	20f. (Cit	y or town)	(Co	unty)	(State)
	1960 to	non ?	29 , 1960	that I la	st saw t	he deceased
C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  LOST LOST ALL DATE DEATH  LOST A. DATE DEATH  LOST PEATH  LOST PEACE OF BIRTH  LOST PEATH  LOST PEATH  LOST PEATH  LOST PEACE OF INJURY (Home, form, form, form) foctory, street, office bidg., etc.)  PLACE OF INJURY (Home, form, form, form) foctory, street, office bidg., etc.)  LOST PEACE (Street, city or town, stote)  M.D. LOST PEACE STREET  ADDRESS (Street, city or town, stote)  DATE SIGNED  M.D. LOST PEACE CITY  PACE CEMATORY  LOST PEACE CITY  LOST PEACE OF INJURY (Home, or county)  LOST PEACE STREET						
1						
YO	2 /	011		or county)		
				ISTRAR'S SIGN		1101

DATEC 5

TO FUNERAL VS A15 (4)

BI SECRETURE-RYLASE BO THEMSE AND STATE ON A TYRING was to the stocker of the interest that the College Service stocker is the College Service of the College Service Serv ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

ofter death. Poge 4

	Anne Aru	ndel	MARY	LAND		E			b. COUNTY				-
CITY OR TOWN (IF	outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	s CITY	OR TOWN	(If outsid	de corporat	e limits, write R	URAL ond	give nec	rest town	٦)
			10 days		60	Glen	Bur	nie					
NAME OF HOSPITA		give street			d. STR	EET ADDRES	SS			-		e. IS RES	IDENCE
	General	Hospi	tal			109	Ralp	h Ros	ad				NO K
	Fi	st	Middle			Last	4.	DATE	Man	ith	Do	у	Year
	Myrt.le		Reed		BUR	RELL		DEATH	Novembe	er	2	9	19 60
x		7. MARI	RIED NEVER MARRIE	ED 🗆	B. DATE OF	BIRTH		9.	ACE /le veen		R 1 YEAR	IF UND	ER 24 HRS.
emale	White				Octob	er 23,	188	31	79 yrs.	Months	Days	Hours	Min.
USUAL OCCUPATION	N (Give kind of wark	dane 10b.	KIND OF BUSINESS O	R INDUS	TRY 11. BH	THPLACE (S	state or fo	oreign cou	ntry)	12. CIT	IZEN OI	WHAT	OUNTRY?
		)				Illi	nois	3			U.S		
		100			14. MOT	HER'S MAID	EN NAME	E				Ye	
Ge	orge Ree						a M	uzzy					
no, or unknown)   {		CES? 16.	SOCIAL SECURITY NO	37	onal	d W.	Bur	rell			-	ane	25
	M FEnter only one or	use per li					,	r	LaT's	-Chu		E VAL B	TWEEN
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171	IMMEDIATE CAUSE (	10	vamouno	41	Made	er-	1 en	man	vy		-		
01.	DUE TO	)		1									
		)		V		3000		11/1/2					
-	A DUE TO												
		:)(:		81									
PART II. OTHI	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELAT	ED TO THE T	ERMINAL	DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 1	PERFC	ORMED?
		1										YES [_	NO A
ROG. ACCIDENT WAS DR CONTRIBUTING IF EITHER, NOTIFY A	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter no	ure of injur	y in Part	I or Part I	l of item 18.)				
Oc. TIME OF INJURY	Month, Doy, Ye	ar 20d. I	NJURY OCCURRED					20f. (City o	r town)		(County)	77.	(Stote)
Haur a.m. p.m.	19			foo	tory, street,	office bldg.	., etc.)						
1. I certify that	(this hospita	1) attend	ded the deceased	from	Nov.	19.	19 60	O to N	ov. 29.	19	60 H	nat (I)	We) lost
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	ed onve olymor	- ho -	) / did	mor o	leoill occ				ie causes ur	id on in	ie doie		b. DATE
	111	111	16		ATTE	NDING _	MED.		STAFF			17	SIGNED
22c PHYSICIANS	ne gin	N	7000	-		DDRESS	DIKECI	IOK 🗆	rn15. 🔲			11/	27,000
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REMOVAL (Specify)		,								Del	27/72	(310	te)
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200:	1 F. Mas	MAC	B, Newar	ck,	Dela			'60					
	WILLIA	VV J	WARWIC	K				9					
	COUNTY  CITY OR TOWN (IF RURAL and give nec Annapo  NAME OF HOSPITO OR INSTITUTION  THE APUNCE  AME OF CEASED (YPE OF PRINT)  XX   COMMITTED  C	COUNTY  Anne Aru:  CITY OR TOWN (If outside corporate limic RURAL and give nearest town)  Annapolis  NAME OF HOSPITAL (If not in hospital, good not in it is not in hospital, good not not in the control of the control	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Annapolis  NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION  The Arundel General Hospital (Principles of the Ceased o	COUNTY  Anne Arundel  CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Annapolis  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF HOSPITAL (If not in hospital, give street address)  NAME OF First  Middle Reed  X  ACCIOR OR RACE  WIDOWED NEVER MARRIED NEVER	COUNTY  Anne Arundel  CITY OR TOWN (If outside corporate limits, write RURAL and give necrest lown)  Annapolis  NAME OF HOSPITAL (If not in hospital, give street oddress)  NAME OF HOSPITAL (If not in hospital, give street oddress  NAME OF HOSPITAL (If not in hospital, give street oddress  NEW AT K.  NEW AT K.	COUNTY  Anne Arundel  MARYLAND  CITY OR TOWN (if outside corporate limits, write RURAL and give necress town)  Annapolis  NAME OF HOSPITAL (if not in hospital, give street address)  NAME OF HOSPITAL MARKED  NEWARL DELIA.  NEWARL DE	COUNTY  Anne Arundel  Maryland  CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b 10 days  CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b 10 days  NAME OF MOSPITAL (If not in hospitol, give street oddress)  NAME OF MOSPITAL (If not in hospitol, give street oddress)  NAME OF MOSPITAL (If not in hospitol, give street oddress)  NAME OF MOSPITAL (If not in hospitol, give street oddress)  NAME OF MOSPITAL (If not in hospitol, give street oddress)  NAME OF MOSPITAL (If not in hospitol, give street oddress)  NAME OF MOSPITAL (If not in hospitol, give street oddress)  NAME OF MOSPITAL (If not in hospitol, give street oddress)  NAME OF MOSPITAL (If not in hospitol, give street oddress)  NAME OF MOSPITAL (If not in hospitol, give street oddress)  NAME OF MOSPITAL (If not in hospitol, give street oddress)  NAME OF MOSPITAL (If not in hospitol, give street oddress)  NAME OF MOSPITAL (If not in hospitol, give street oddress)  NAME OF MOSPITAL (If not in hospitol, give street oddress)  NAME OF MOSPITAL (If not in hospitol, give street oddress)  NAME OF MOSPITAL (If not in hospitol, give street oddress)  NAME OF MOSPITAL (If not in hospitol, give street oddress)  NAME OF MOSPITAL (If not in hospital (If not in hospital)  NAME OF MOSPITAL (If not in hospital (If not in hospital)  NAME OF MOSPITAL (If not in hospital (If not in hosp	COUNTY  Anne Arundel  CITY OR TOWN (if outside corporate limits, write RRAL and give neorest lown)  Annapolis  NAME OF MISTURION  TO RAISE ADDRESS  NAME OF HOSPITAL (if not in hospitol, give street oddress)  NAME OF REASED  White Reed  Myrtle Reed  Myrtle Reed  Myrtle Reed  Myrtle Reed  Myrtle Widowed M DIVORCED October 23, 186  COLOR OR RACE  Widowed M DIVORCED October 23, 186  USUAL OCCUPATION (if outside of work done limits)  NAME OF REASED EVER IN U. S. ARRED FORCES? Id. SOCIAL SECURITY NO. 17. INFORMANT  OF WINDOWS IN THE STREET ADDRESS OF INDUSTRY IN BRITHPLACE (Stote or for worknown)  If you gove not or done of tennies)  B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSE (a) Command of the information of the i	Anne Arundel  CITY OR TOWN (If outside corporate limits, write RIRAL and give nearest fown)  Annapolis  Borral Hospital  Annapolis  Annapolis  Borral Hospital  Annapolis  Annapolis  Annapolis  Annapolis  Borral Hospital  Annapolis  Annapolis  Annapolis  Annapolis  Borral Hospital  Annapolis  Annapoli	COUNTY  Anne Arundel  MARYLAND  CITY OR TOWN (If outside corporate limits, write a current of the corporate limits, write a current of the corporate limits, write a current of the curren	Anne Arundel  CITY OF TOWN (If outside corporate limits, write CITY OF TOWN (If outside corporate limits, write Annapolis  Annapolis	Ame of County Ame Arundel  CITY OF TOWN (if outside corporate limits, write RURAL and give metal town)  Annapolis  CITY OF TOWN (if outside corporate limits, write RURAL and give metal town)  Annapolis  CITY OF TOWN (if outside corporate limits, write RURAL and give metal town)  Annapolis  CITY OF TOWN (if outside corporate limits, write RURAL and give metal town)  Annapolis  CITY OF TOWN (if outside corporate limits, write RURAL and give metal town)  Annapolis  CITY OF TOWN (if outside corporate limits, write RURAL and give metal town)  Annapolis  CITY OF TOWN (if outside corporate limits, write RURAL and give metal town)  Annapolis  CITY OF TOWN (if outside corporate limits, write RURAL and give metal town)  Annapolis  CITY OF TOWN (if outside corporate limits, write RURAL and give metal town)  Annapolis  CITY OF TOWN (if outside corporate limits, write RURAL and give metal town)  Annapolis  CITY OF TOWN (if outside corporate limits, write RURAL and give metals)  CITY OF TOWN (if outside corporate limits, write RURAL and give metals)  CITY OF TOWN (if outside corporate limits, write RURAL and give metals)  CITY OF TOWN (if outside corporate limits, write RURAL and give metals)  CITY OF TOWN (if outside corporate limits, write RURAL and give metals)  CITY OF TOWN (if outside corporate limits, write RURAL and give metals)  CITY OF TOWN (if outside corporate limits, write RURAL and give metals)  CITY OF TOWN (if outside corporate limits, write RURAL and give metals)  CITY OF TOWN (if outside corporate limits, write RURAL and give metals)  CITY OF TOWN (if outside corporate limits, write RURAL and give metals)  CITY OF TOWN (if outside corporate limits, write RURAL and give metals)  CITY OF TOWN (if outside corporate limits, write RURAL and give metals)  CITY OF TOWN (if outside corporate limits, write RURAL and give metals)  CITY OF TOWN (if outside corporate limits, write RURAL and give metals)  CITY OF TOWN (if outside corporate limits, write RURAL and give metals)  CITY OF TOWN (if outside corporate limits, w	Anne Arundel  MARYLAND  MARYLAND  MARYLAND  Anne Arundel  CITY OR TOWN (If ourlide corporate limits, write RURAL and give nearest from)  Annapolis  Annapo

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		STATE OF THE PARTY

IS RESIDENCE UTAL ON A FARMPUTAL YES NO

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

VR A1S (4) 15M 9/59

after death. Page

a. COUNTY Anne Aru	ndel		MARYL	AND	o. STATE		here decease	ed lived. If ins b. COU W1			ce befor	e admissi	(g/i)
b. CITY OR TOWN (IF RURAL and give nec Crownsvi		s, write	5mo. 11 da			or town (If		orate limits, wr	ite RUF	AL ond	give nea	rest town	)
OR INSTITUTION	L (If nat in hospital, gi		address)			T ADDRESS		33	X	1 -	2		FARM
	lle State				ll Un	known	1						NO []
NAME OF DECEASED (Type or print)	Firs	iis	Middle Anth	ony	E	urton	4. DATE OF DEATH	1	Month 11		18		1960
. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE		B. DATE OF B	IRTH		9. AGE (In ye	ors II		the same of the sa	7	R 24 HRS.
Male	Negro	WIDOW	ED DIVORCED		March	5, 190	1	last birthd	yrs.	Months	Doys	Hours	Min.
during mast af warki	N (Give kind of work d	one 10b.	KIND OF BUSINESS OF	RINDUS				country)		12. CITI	ZEN OF		OUNTRY?
Farmer						ew Jer					0.0	• 44. •	
3. father's name Unknown						r's maiden inknown							
	IN U. S. ARMED FORCE		SOCIAL SECURITY NO.	17. IN	IFORMANT		CROSE		Addres	\$			
Yes, no, or unknown) (1	f yes, give war or dates of se Unknown	rvice)	Unknown	I	Hospita	l Reco	rds						
18. CAUSE OF DEAT	TH [Enter only one cou	se per li	ne for (o), (b), and (c).]									RVAL BE	
PART I. DEAT	H WAS CAUSED BY:		Inanition								ONS	ET AND	DEATH
002	DUE TO		TO THE STATE		5 7 7								
Conditions, if on	y, which ) (b)		TBc of Lun	gs							193		
gove rise to im couse (o), stoting t							0.5						
lying cause lost.	(c)	Cen	tral Nervou	s S	ystem S	Syphili	s, Ger	neral P	are	sis			
PART II. OTH	ER SIGNIFICANT COND	ITIONS (	CONTRIBUTING TO DEA	TH BUT	NOT RELATED	TO THE TERM	INAL DISEA	SE CONDITION	GIVEN	IN PAR	T 1(o) 1	P. WAS A	AUTOPSY RMED?
5							- 0 5						NO X
OR CONTRIBUTING	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter notu	re of injury in	Part I or Po	ort II of item 1B	.)				
Hour o	Month, Day, Yea	White	NJURY OCCURRED  Hot while  t ot work		ACE OF INJUI			ty or town)		(0	County)	eT.	(Stote)
			ded the deceased			819	51ta.	11/18					we) last
saw the decease	a dive an	11/1	8 160 , and	that d	leath occui	red at P.	M, Tram	the causes	and	on the	date	stated	abave.
Hildera	of deare	Ker	m	-	M.D. ATTENI	X D	NED.	STAFF PHYS.				11	/21/
22c. PHYSICIANS NAME (Type)	Hildegard	Hear	d Reissman,	M.	D. Cro		le Sta	ate Hos	pit	al,	Md.		
3a. BURIAL, CREMATION		F	23c. NAME OF CEME	TERY O	R CREMATOR	Y	23d. LOC/	ATION (City, ta	wn, ar	county)		(State	e)
BUTTAL (Specify)	11/25/19	960	Quan	tic	30		- 4	uantic		112	M	d	
FUNERAL DIRECTOR'S	SIGNATURE	enn	ADDRESS	liste	us Me	25a. REG	NOW ZEER	5TRAR 256. I		RAR'S SIG			
						-							

TUIS! significant person . . 4 4 4 ROSEML TO eluncal farmati iniingti safaal astayisi Istinal and the street of the management will be an arranged by the

Then please remave carban papers. Pages 1 and 2 shauld be filed with

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 are the State Board af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h

TO HOSP

VR A1S (4) 15M 9/59

after death. Page 4 by the funeral directar, 12108

12126

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	O. COUNTY ANNE ARUNDEL MARYLAND	O. STATE MARYLAND b. COUNTY PRO GEORGES
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	IT NN APOLIS MD	College Fark, ma 1671.
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	HOMEWOOD NURSING HOME	406 - College are YES NO
	3. NAME OF DECEASED First D Middle	Last 4. DATE Month Day Year
	(Type or print) ELOISE PEIRIE	CLAFLIN DEATH 11 7 1960
	- Indiana	8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Ist birthday)   Months Days Hours Min.
	WIDOWED DIVORCED	aug 5 - 180 2 78 yrs.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY (1. BIRTHPDACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Horsewife on Home	Illinois USA-
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Trederick O. Velrie	nora moetter
1	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	IFORMANY Address Address
	NO - VM	e cours minder coelegerara ma
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL A	RTERY THROMBOSIS IWK.
	332X DUE TO	
	Canditions, if ony, which ) (b)	
	gove rise to immediate cause (a), stating the under-	
	lying couse lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	YES NO NO
	OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Part I ar Part II of item 1B.)
	Hour o. m. While Not while for	ACE OF INJURY (Home, farm, 20f. (City or tawn) (Caunty) (Stote) tory, street, office bldg., etc.)
	p. m. 19 at work of work	
	21. I certify that (I) (this haspital) attended the deceased fram	
		leath accurred PLDP.M. fram the causes and an the date stated above.
П	220 SIGNATURE	ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. 7
	22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR STAFF 22d. ADDRESS
	NAME (Type) RICHARD N. PEELER	ANNAPOLIS, MD.
	23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City, town, or county) (State)
	Cremation /47 10, 1960+ It Lincoln	256. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
1	24. FLIDHERAL DIRECTOR'S SIGNATURE ADDRESS.	1 MA
	The state of the s	DATE NOV 1 4 60 Orthug S. Frank

12126 The state of the s 

ond 2 should be filed with

after death. Page 4

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13328

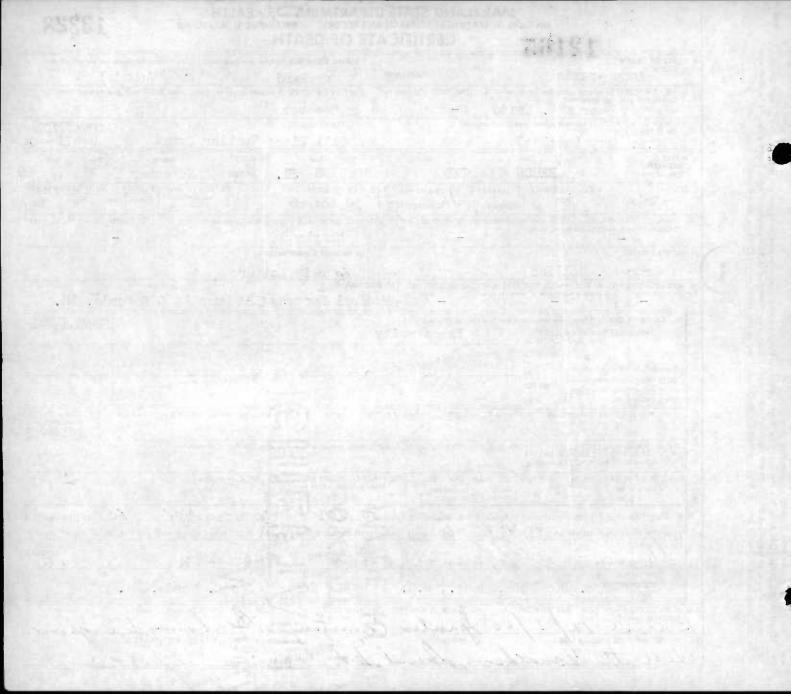
			1911	R.		CEKI	IFICA	IE OF DI	AIH						
	PLACE OF	V	263	17-47				2. USUAL RESID	ENCE (Wh	ere deceased	d lived. If institu		nce befor	re odmissi	on)
L	0. CODINI	Anne	Arundel			MA	RYLAND		land		b. Count		del		
Ī			f outside corporo	te limit	ts, write	c. LENGTH OF ST.	AY IN 1b	c. CITY OR T	OWN (If o	utside corpo	rote limits, write	RURAL ond	give ned	rest town	)
	100		eorge G	. 11	eade	-		* Hand	ver						
	d. NAME (	OF HOSPIT	AL (If not in hose	pital, g	ive street	address)		d. STREET A						e. IS RESI	DENCE FARM?
L			rmy Hosp	i ta	1			/ Tall	Pines	Trai	ler Cou	t			NO 🏋
11	NAME OF			Fire		Mid		Last		4. DATE OF	M	onth	Da	,	'eor
	(Type or p	rint)	В	RUC	E	TED		COLLINS	JR.	DEATH	Nove	ember	3	30 1	9 60
	S. SEX	7		RACE		HED NEVER MAI		. DATE OF BIRTH			9. AGE (In year lost birthday)		R 1 YEAR Days	IF UNDE	
	Ma	ale	Cau		WIDOWI	ED N/A DIVOR	CED 🗌	30 Nov	60		yr		Days	Hours 5	Min 52
			ON (Give kind of king life, even if			KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPL	ACE (Stote	or foreign co	ountry)	12.CI	TIZEN OF	WHATC	OUNTRY?
		-	mg me, cremm	· ····································		-		Mar y.	Land				-		i Lui
֡	3. FATHER'S	NAME						14. MOTHER'S	MAIDEN N	IAME			10.0		
	Bı	ruce	T. Colli	ns				Ja ck	ie La	tture					
	5. WAS DEC		R IN U. S. ARME			SOCIAL SECURITY	Car III	FORMANT				dress	110		-50
		-	it yes, give wor or o	CHES OF SE	, vice,	-	Me	dical Re	cords	USA I	Hosp Ft	GGM	eade	, Md.	
	18. CAU	SE OF DEA	TH [Enter only	one co	use per li	ne for (o), (b), ond	(c).]	71						RVAL BET	
	P	ART I. DEA	TH WAS CAUSE	D BY:		Premat	urity						ONS	ET AND	DEATH
	-	77/		UE TO		0.00				1747					
	Condit	ons, if o	ny, which )	4.1											
	gove i	ise to i	mmediote (	(b) OUE TO	)										
		), stating	the under-	(c)									18		
	Z P.	ART II. OTI	HER SIGNIFICAN	T CON	DITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION G	IVEN IN PA	RT 1(o) 1	9. WAS A	UTOPSY
	NO P													PERFOR	NO 🗍
į	- 20- ACC	IDENT W	AS UNDERLYING		20b. DES	CRIBE HOW INJURY	OCCURRED	. (Enter noture of	Finjury in F	ort I or Por	t II of item 18.)				
	OR CON	TRIBUTING R, NOTIFY	MEDICAL EXAM	DEATH											
	20c. TIME	OF INJUR	Y Month, Do	y, Yed	or 20d. II	NJURY OCCURRED	20e. PLA	CE OF INJURY (	dome, form	, 20f. (City	or town)		(County)	-	(Stote)
	Ho	p. m.		19	While of wor	Not while	foc	tory, street, office	bldg., etc.	)					
2							:	RA Alone	,	1-	5- 1/01	/	100		
	21. I ce	rtity the	it (I) (this ha	spital	) attend	ded the decease				Page 1	30 NOV				
	saw the	e decea	sed alive an	2	100	19 <u>60</u> , a	nd that d	eath accurred	at/UA	M, tram	the causes of	nd an th	e date		DATE
	//		10	110	5/1	/	10 +1	ATTENDING	5 _ MI	ED.	STAFF		20	3.7	SIGNED
	22c. PHY	enn	un /	K	100	uso (	age 1	A.D. PHYS. 22d. ADDRE		RECTOR [	PHYS.		30	Nov	60
		E HYPTH	N S. RO	BINS	SON.	Capt., M.	C.			't Geo	G. Mead	e. Md			
2	23a. BURIAL, REMOVA	CREMATIC L (Specify)	N, 23b. DATE	HEREO	1.	23c. NAME OF C	EMETERY OF	CREMATORY	4-7	23d. LOGA	TION (City, town	or county	, .	(Stote	e)
	Rus	rul	-12/	3	160	sprul	is C	emete	-	100	Khan	-,6	u	gen	in
2.	4. FUNERAL	DIRECTOR	S SIGNATURE	/	1	ADDRESS	0	9 /	256. REC'	D BY REGIST	TRAR 25b. REG	SISTRAR'S S	IGNATU	W.	
1	1000	11,7	7.6Un	-1 11	11-	1 16,		head	DATE	10 100	1 0	-2 0	W		

TO HOS!

TO HOS!

TO ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be remained by the haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burich-transit permit. Then please remave carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH

12127

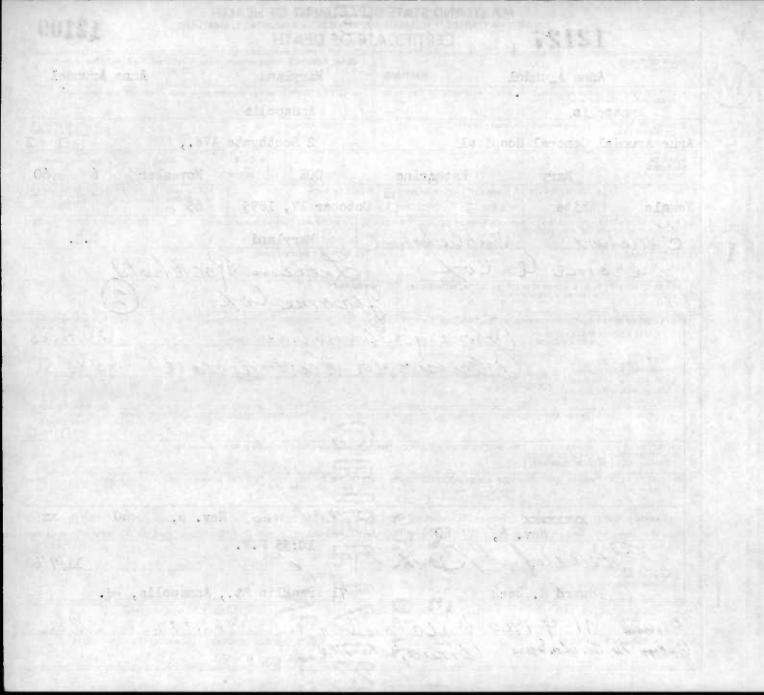
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in by the funeral director,	and 2 should be filed with	X 6	1) 3
may be retained by the haspital ar attending physician.  2 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, or remaval, and in any event within 72 hours after death.		
tal ar attending physician. this certificate has been signed by	r use as the burial-transit permit. r to burial, crematian, or remaval,		D
may be retained by the haspital ar attending physician.  > FUNERAL DIRECTOR: After this certificate has been sig	page 3 should be detached for the State Board af Health prior		1

ATTENDING PHYSICIAN: The law requires that the death certificate be executed

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland o. COUNTY b. COUNTY Anne Arundel Anne A\_undel MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Annapolis Annapolis d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? OR INSTITUTION 2 Southgate AVe.. YES NO IX Anne Arundel General Hospital NAME OF Middle 4. DATE Month Last Yeor DECEASED OF DEATH COX Katherine November 1960 (Type or print) Marv S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Doys October 17, 1895 Female White WIDOWED [ DIVORCED T yrs. 12. CITIZEN OF WHAT COUNTRY? 10a. USUADOCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, eyen if retired) U.S. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMAN 18. CAUSE OF DEATH [Enter only one couse perfine for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m 21. I certify that (I) this position attended the deceased fram. 5 NOV 1960, to Nov. 6. \_\_ 1960\_, that (I) ( Cast last 19.60, and that death accurred at saw the deceased alive an Nov. M, fram the causes and an the date stated above. 22o. SIGNATO 10:55 P.M. SIGNED STAFF ATTENDING 60 PHYS. DIRECTOR . PHYS. 226 PHYSTCIAN'S 22d. ADDRESS NAME (Type) Edward S. Beck Franklin St., Annapolis, Md. 230 BURIAL, CREMATION, 23b. DATE THEREOF 23d COCATION (City, town, or county) BEMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Cirthur S. Frank

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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d after death. Page 4

the attending physician and campletely filled they the funeral director. Then please remave carban papers. Pages 1 and 2 should be filed with TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 pmay be remained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 of the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

VR A1S (4) 15M 9/59

1. PLACE OF DEATH					sidence befare	odmission)
Anne Arundel	MARYLAND			. COUNTY	A. A	
	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate lin	nits, write RURAL	and give neares	t tawn)
	13 Yrs.	Glen Bur	mie.			
d. NAME OF HOSPITAL (If not in hospital, give		d. STREET ADDRESS				S RESIDENCE ON A FARM?
		207 Queer	Ann Rd.			ES NO
3. NAME OF First	Middle	Last	4. DATE	Manth	Day	Year
ATTENDED TO A STATE OF		Dunkerly	DEATH	Nov.	11	1960
	MARRIED NEVER MARRIED	B. DATE OF BIRTH		E (In years IF U		UNDER 24 HRS.
		Aug. 17 188			iths Doys H	laurs Min.
10a. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR INDU				CITIZEN OF W	HAT COUNTRY?
	ם מ חפם	Voiletvi	110 A	14	HEA	
13. FATHER'S NAME	1000 110110					
John P. Runkanly		Launa	'hennmen			
15. WAS DECEASED EVER IN U. S. ARMED FORCES	7 16. SOCIAL SECURITY NO. 17. M		maphinan	Address		
	1	Ma Maluia F	lumbowlu	Hon	A	d DED
		Mr. Mervin I	Junkerry	nau		AL BETWEEN
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/ (0)_	IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	IDITION GIVEN IN	J PART 1(a) 19	WAS AUTOPSY
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TO ACCIDENT WAS UNDERLYING TO 201	DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in	Part I or Part II of	item 18.)	'	SU NOB
OR CONTRIBUTING CAUSE OF DEATH	). DESCRIBE HOW HOOK! OCCORRE	D. (Ellier hardre ar injury in	Tarror ran tran			
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Hour o. m.	While Not while fa	ictory, street, affice bldg., etc	c.)	wii)	(County)	(Sidie)
p. m.	at wark   at wark	m/ 100	1	10	/	
21. I certify that (1) (this hospital)	ittended the deceased fram.	7/20/5 19	2, .ta //_/_	3	19 <u>66</u> , that	(1) (we) last
saw the deceased alive an ////	3 and that	death accurred at	.M, fram the	causes and ar	the date s	
220 SIGNATURE	10 (	ATTENDING . M	IED STA	AFF		226. DATE SIGNED
Chas. X - Na	ico pr.	M.D. PHYS.			11	114/60
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	2	- 4	n. a	
		Assich	Cler	V . /,	12x -	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (	City, town, ar cau	unty)	(Stote)
Burial, 16 Nov. 19	960 Meadowride	e Mem. Park	Howard			and
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	25b. REGISTRA	S'S SIGNATURE	
1 Kelinglila	Glen Burnie	, Md. DATE N	OV 21 '60	arthur	8. Kines	
	b. CITY OR TOWN (If autside carporate limits, v. RURAL and give nearest tawn)  Glen Burnie  d. NAME OF HOSPITAL (If not in hospital, give or RINSTITUTION)  3. NAME OF DECEASED (Type or print)  S. SEX  6. COLOR OR RACE  7. Male  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Warehouse Man  13. FATHER'S NAME  John R. Dunkerly  15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes. no. or unknown)  IB. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (o), stating the under. lying cause last.  PART II. OTHER SIGNIFICANT CONDITION (If FEITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21. I certify that (I) (this hospital) osaw the deceased alive an Medical Cause (o), sidning the under Contribution of the Couse (o), stating the under Contribution of the Couse (o), stating the under Couse (o), stating t	D. CITY OR TOWN (If autside carporate limits, write BURAL and give nearest town)  Glen Burnie 13 Yrs.  d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  2. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  2. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  2. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  2. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  2. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  2. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  2. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  2. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR OBLITAL (If self-self-self-self-self-self-self-self-	o. COUNTY Anne Arundel b. CITY OR TOWN If autiside corporate limits, write RURAL and give necrest hown)  Glen Burnie d. NAME OF HOSPITAL (if not in hospital), give street oddress) OR INSTITUTION  207 QUEEN Ann Rd.  S. SEX  6. COLOR OR RACE Mildle Citype or prini) Chester  S. SEX  6. COLOR OR RACE Mildle WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED 13. BATE OF BIRTH AUG. 17 186  10c. USUAL OCCUPATION (Give kind of work done during on for working life, even if refired) B&D R.R.  11. BIRTHPLACE (Stote B&D R.R.  12. FATHER'S NAME John R. Dunkerly  13. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Man, on windown) (If you, one wood often deviced) Conditions, if only, which gave rise to immediate couse (ps.) stoling the under: (Man, os, or windown) DUE TO Conditions, if only, which gave rise to immediate couse (ps.) stoling the under: (Man) PART I. DEATH WAS CAUSED BY: (Man) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM HOW O. m., 19  19 COLOR RELATED TO THE TERM HOW O. m., 19  200. ACCIDENT WAS UNDERSYING (a)  21. I certify that (1) (this hospital) attended the deceased from 19  21. I certify that (1) (this hospital) attended the deceased from 19  220. FLATE OF INJURY Month, Doy, Year 20  220. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 16 NOV. 1960  220. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 16 NOV. 1960  220. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 16 NOV. 1960  220. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 16 NOV. 1960  220. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 16 NOV. 1960  220. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 16 NOV. 1960  220. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 16 NOV. 1960  220. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 16 NOV. 1960  220. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 16 NOV. 1960  220. BURIAL CREMATION, 25b. DATE THEREOF REMOVAL (Specify) 16 NOV. 1960  220. BURIAL CREMATION, 25b. DATE THEREOF REMOVAL (Specify) 16 NOV. 1960  220.	D. COUNTY Anne Arundel  b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest bodge nearest n	b. CIVIN OR TOWN (If outside corporate limits, write RURAL OBJORN COLORS OF THE RUBAL OBJORN COLORS OF THE RURAL OBJORN COLORS OF	O. STATE AT UND A FUND

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH		2. USUAL RESIDENCE (W)			sidence before a	dmission)
Anne Arundel	MARYLAND	o. STATE		Ann	e Arund	tel
b. CITY OR TOWN (If autside corporate limits, write   c. LENGTH C	F STAY IN 16	c. CITY OR TOWN (If	outside corporate li			
RURAL and give nearest town)		Xarr	T-7 1			
d. NAME OF HOSPITAL (If not in hospital, give street address)		d. STREET ADDRESS	Island		e. 15	RESIDENCE
OR INSTITUTION						S NO T
		,			16	
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day	Year
	Poe	Elder	DEATH	Nov.	2	1960
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED	B. DATE OF BIRTH	9. AC		NDER 1 YEAR IF I	
F WIDOWED A D	IVORCED [	2-7-1.873	8	7 yrs. Man	ths Days Ho	ours Min.
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during most of working life, even if retired)		W	3		TT C	^
Housewii'e		Marylan			U.D	A.A.
N. Poe Neilson		Alice	Minis			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECUI	RITY NO. 17. IN	IFORMANT		Address		
no	Mı	rs. Sarah E	lder Sy	mington	Abo	ove
18. CAUSE OF DEATH [Enter only one couse per line far (a), (b),	and (c).]				INTERVA	AL BETWEEN
PART I. DEATH WAS CAUSED BY:	as ana	a deft. 1	15/	00-7	ONSET	AND DEATH
IMMEDIATE CAUSE (o)	ne me	y meene	41-00			
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Conditions, if ony, which gave rise to immediate (b)	a /m	eragina			4	peu-
couse (o), stoting the under-					0	
lying cause lost. (c)						
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OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUR	20a Bl	ACE OF INJURY (Home, for	m, 20f. (City or to		(County)	(Stote)
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22o. SIGNATURE	, dire iller d	3,525	TANK DEMANDS			22b. DATE
(K.M. M. Louch less		M.D. ATTENDING	NED. ST	AFF IYS.	Mar	SIGNED
22c. PHYSICIAN'S	/	22d. ADDRESS	TRECTOR   11		70000	170
NAME (Type) K.M. M. laugh!	in	2000 M.	· ····································	Ad Fo	Ja de	a been
11 manager		0/08/110	unuan)	c4. / a	- Car Court	-(, ) -( )
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME REMOVAL (Specify)	OF CEMETERY O	R CREMATORY	23d. LOCATION	(City, town, or cau	inty)	(Stote)
Burial 11-5-60 St.	Johns		Balt.	o Co.	1	DN.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRES		250. REC	D BY REGISTRAR	25b. REGISTRAR	'S SIGNATURE	
H.W. Jenkins & Sons Co. 490	5 York	Rd . DATBAO	08° A W	Cirilian	S. Track	

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### 12129

CERTIFICATE OF DEATH

A	1. PLACE OF DEATH o. COUNTY	Anne Arund	lel	MARYLAN		STATE Mary	(Where decease yland	h COUNTY			
/ N	b. CITY OR TOWN (If RURAL and give ne		s, write c. LE	NGTH OF STAY IN 1	lb )	CITY OR TOWN	(If outside corporation)	orote limits, write R	URAL and gi	ive neares	t town)
	d. NAME OF HOSPITA	AL (tf nat in haspital, gi		s)		d. STREET ADDRESS	3				IS RESIDENCE ON A FARM? 'ES NO 7
5	Anne Arunde					Carvel			-		
	3. NAME OF DECEASED (Type or print)	Janie		& Middle	FEI	LDMEYER	4. DATE OF DEATH	Novembe		Day 22	Year 19 60
	5. SEX Female	6. COLOR OR RACE	7. MARRIED WIDOWED	DIVORCED	1/1/4	TE OF BIRTH	41879	9. AGE (In years lost histhdoy) yrs.	-		UNDER 24 HRS fours Min.
	10a. USUAL OCCUPATIO		one 10b. KIND	OF BUSINESS OR IN	IDISTRY	11. FIRTHPLACE (SI		country)		EN OF W	HAT COUNTRY
	13. FATHER'S NAME	eb Fe	ldme	yer	14	Doso	thy	6 ber	¥ · .		
	1S. WAS DECEASED EVER	R IN U. S. ARMED FORG		SECURITY NO.	530	E. 239	Swenger	w mi	Oyu	lon	
1	15		A .	(o), (b), gnd (c).]	1	d ar	ten	rebr	ww	ONSET / S	AL BETWEEN AND DEATH
	lying couse last.		Cine CONTR	IBUTING TO DEATH	fre BUT NO	RELATED TO THE TE	neli	SE CONDITION GIV	/EN IN PART	1(0) 12	WAS AUTOPSY
	3 Chr	mic C	mgi	eli w	Le	cilu	u,				PERFORMED?
		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE I	HOW INJURY OCCU	IRREØ. (En	ter nature of injury	in Port I or Po	rt II of item 1B.)			
	20c. TIME OF INJURY Haur a. m. p. m.	Y Month, Doy, Yea		Not while		OF INJURY (Home, street, office bldg.,		y or town)	(C	ounty)	(Stote
		t (I) (t <b>BISCROSPING</b> ed alive an <b>Nov</b>						Nov. 22, the causes ar			
	220. SIGNATURE	mfle	fly		M.D.	ATTENDING PHYS.	50 A.M. MED. DIRECTOR	STAFF PHYS.		11	22b. DATE SIGNED 1/22/60
	22c. PHYSICIAN'S NAME (Type)	Frank M. S				22d. ADDRESS	edral S	t., Annap	olis,	Md.	
>	23a. BURIAL, CREMATIO REMOVAL (Specify)	N. 33b. DATE THEREO	F 1960 23c.	NAME OF CEMETER	Y OR CRI	Cent	23d. 10C	MON (City, town,	olis		(State) ML
1	24. FUNERAL DIRECTOR	s SIGNATURE M. Scyler	Sus C	ADDRESS	les !	M.L. 25a. R	AUN 2 REGIS	00	STRAR'S SIG		

rs after death. Page 4 Then please remave carbon papers. Pages 1 and 2 should be filed with ond in any event, within 72 hours offer death. TO HOSPY OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 F may be famined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 of the State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 hours after death.

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cate be executed within 24 have after death. Page 4.	rsician and campletely filled in by the funeral directar,	we carbon papers. Pages 1 and 2 shauld be filed with	
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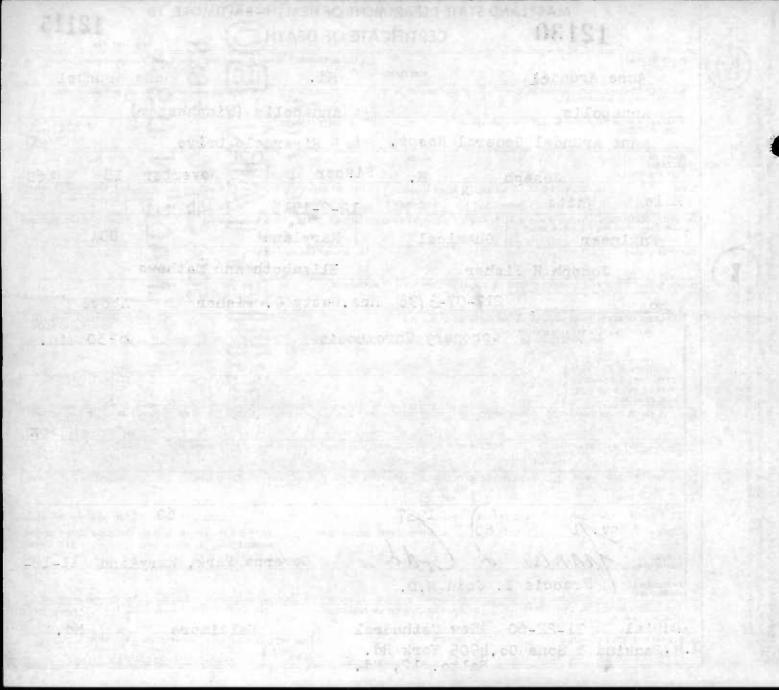
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12130

**CERTIFICATE OF DEATH** 

12115

Reg. Dist. No.

	1. PLACE OF DEATH a. COUNTY Anne	Arundal	MARYLAND	2. USUAL RESIDENCE a. STATE Md.	(Where deceased	b. COUNTY	on: Residence befo		ion)
	b. CITY OR TOWN (If RURAL ond give ne	autside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpor	ote limits, write R	URAL ond give ne	prest town	)
	Annar			O Annano	nis (W	inchest	er)		
		AL (If nat in haspital, give street	address)	d. STREET ADDRES				e. IS RESI	IDENCE FARM?
	Anne	Arundel Gene	ral Hospt.	5 Rive	erdale	Drive			NO 🗌
3	3. NAME OF DECEASED	First	Middle	Last	4. DATE	Mon	th Do	y Y	Year
	(Type or print)	Joseph	H.	Fisher	DEATH	Novemb	er 18	1	19 60
	5. SEX		RIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1 YEAR	+	
	Male	White widowi	ED DIVORCED	12-2-193	15	LILI yrs.	Months Days	Hours	Min.
	10a. USUAL OCCUPATIO	N (Give kind of work done 10b. ing life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (S	itate or foreign co	ountry)	12. CITIZEN O	WHAT C	OUNTRY?
	Engine		hemical	Maryla	and		USA	1	
	13. FATHER'S NAME			14. MOTHER'S MAID	EN NAME		1		_
		Joseph H Fish	ner	Elizal	beth An	n Mathe	WS		
	15. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16.		INFORMANT	- I I I I	Addi	ess		
	NO NO	If yes, give war or dates of service)	7-07-3796	Mrs.Betty	C. Fis	her	Abov	re	
1	_	TH [Enter only one couse per lin					INT	ERVAL 8E	TWEEN
	PART I. DEAT	TH WAS CAUSED BY:	oronary Thro	mhosts			15+3	O mi	
	1 10	DUE TO		TH DOSTS		200	75.7	<u> </u>	-
	Conditions, if or	iv. which )					100		
1	gove rise to in								-
1	lying cause last.	he under-					462.00		
1	PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE	CONDITION GIV	EN IN PART 1(a)	9. WAS A	AUTOPSY
	TA S								RMED?
	PART II. OTH  PART II. OTH  OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING   20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury	y in Part I or Port	II of item 18.)			
		MEDICAL EXAMINER)							
1	20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Year 20d. II		ACE OF INJURY (Home,		ar town)	(County)	70.7	(Stote)
1	Hour a.m.	19 While of wor	INOI WHILE	ctory, street, office bldg.	, etc.)				
			7	10 4-		10.60	N -4 1 1 4	.1 1	
	7/1	at I attended the deceds	77	, 19, ta_					
	alive on NO	19.0	and that death	occurred at		the causes an			l abave. E SIGNED
	ACTUAL	Kran an	L ( MK	Sas		. 1 20		77	10
	SIGNATURE	1/WVI COS		M.D	verna r	ark, Ma	ryland		-10-
	PHYSICIAN'S NAME (Type)	Francis I.	Codd M.D.						
f	220. BURIAL, CREMATION	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCAT	ION (City, town, o	or county)	(State	e)
	REMOVAL (Specify)	11-22-60	New Cathedi	าลไ	Bel.	timore		MA	
-	23. FUNERAL DIRECTOR'S		ADDRESS	240	REC'D BY REGIST	RAR 24b. REGIS	TRAR'S SIGNATU	RE	
1	d.W.Jenkin	is & Sons Co.	4905 York Ro	DATE	10V 21 '60	Cloud	wit S. Marie		



the funeral should be fi pup filled death. campletely ofter papers. pup pon 72 physician COL remove offending ā. PHYSICIAN: The law requires that Py gned per te has been sig burial-transit p or offending physician certificate has been s 6 OS detached RAL DIRECTOR: should be detack O FUNERAL 3 poge the St

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	121.	32	CERTIF	ICAII	: OF DEA	AIH		Reg. Dist	No.	
1, 1	COUNTY	ndel	MARYLA	ND 2.	STATE Mary	E (Where decease	sed lived. If instituti b. COUNTY	anı Residenci	e befare adm	ission)
L	b. CITY OR TOWN (If outside corpore RURAL and give nearest fawn)  Annapolis Md		c. LENGTH OF STAY IN	1 16	c. CITY OR TOW	ater Md	porate limits, write R	URAL and gi	ive nearest to	wn)
	d. NAME OF HOSPITAL (If not in hos OR INSTITUTION	A TOTAL	address)		d. STREET ADDRE	1 Box	455		ON	ESIDENCE A FARM?
3.	Homewood Nursing NAME OF DECEASED (Type or print)	First	Middle	(	Place-	4. DATE OF DEAT	Mon		Day 26	Yeor 1960
S. S	SEX 6. COLOR OR Elmale White	RACE 7. MARE	RIED NEVER MARRIED  DIVORCED		eb 13,	1882	9. AGE (In years last birthday) 79 78 yrs.	-	YEAR IF UN Days Hour	
100	USUAL OCCUPATION (Give kind of during most of working life, even if Housewi	retired)	WN home	INDUSTRY	11. BIRTHPLACE Ohio	(State or fareign	country)	LI V. CO.	S A	AT COUNTRY?
13.	FATHER'S NAME  L C	Hoopes		14	MOTHER'S MAI	nknown				
15. (Yes	WAS DECEASED EVER IN U. S. ARME i, no, or unknown) (II yes, give wor or o	lates of service)		17. INFOR	mant is Glas	s Jr E	Add Edgewater	Md.		
	18. CAUSE OF DEATH [Enter only PART I. DEATH WAS CAUSE IMMEDIATE CA	D RY.	ne for (o), (b), and (c).]	the	mhri				INTERVAL ONSET AN	BETWEEN ID DEATH
	Canditions, if ony, which gave rise to immediate cause (a), stating the under	(b) DUE TO	Generaly	id	artin	oder	nij			
CERTIFICATION	PART II. OTHER SIGNIFICAN		CONTRIBUTING TO DEATI	H BUT NOT	RELATED TO THE	TERMINAL DISEA	ASE CONDITION GIV	'EN IN PART	PER	S AUTOPSY FORMED?
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH INER) 206. DES	CRIBE HOW INJURY OCC	URRED. (Er	ter nature af inju	ry in Part I or Pa	art II af item 18.)	3		
MEDICAL	20c. TIME OF INJURY Month, Da Hour o.m. p. m.	y, Year 20d. II 19 While of wor	_ Not while _	De. PLACE ( factory,	OF INJURY (Hame street, affice blds	, farm, 20f. (Ci	ity or town)	(Ce	ounty)	(State)
	21. I certify that I attende alive on	d the deceas	rlsin		, 1959, to curred at 81	SOR M, fro	26, 196 om the causes of (Street, city or lown, 1 Md	and on th	e date sto	e deceased ited abave. DATE SIGNED 26. 6
220	BURIAL, CREMATION, REMOVAL (Specify) Burial Nov 2	THEREOF	22c. NAME OF CEMETE				ATION (City, town, Colmar M		Md.	ate)
23.	F Gasch's Sons	Hyatts	ADDRESS		240	REC'D BY REGI		STRAR'S SIGI		

rs ofter death. Page 4, by the funeral directar, and 2 should be filed with may be the mode by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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YOU	2	age	the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours after death
C	5 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the fun	요금 page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	-
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									Reg. Dist	. No.
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b. CITY C	OR TOWN (If outside ond give nearest to	corporate limits,	write c. LENC	OTH OF STAY II	N 1b	c. CITY OR TOWN	I (If outside corr	porote limits, writ	le RURAL and gi	ve nearest town)
ttu	NHPO	615				DHY	1100	EI	10-	
d. NAME OR IN	STITUTION LUI	how t	street oddress)			d. STREET ADDRE	PIVER	VIEW	DR-	e. IS RESIDENCE ON A FARM? YES NO
3. NAME O DECEASE (Type or	D	BE+	ty	SHE	7 K	tarting	4. DATE OF DEAT		Month	Boy Yeor 1960
5. SEX	6. CO	111	MARRIED   1	DIVORCED		DATE OF BIRTH / / - 2 / - /	898	9. AGE (In year last Birthdo	Y) Months (	YEAR IF UNDER 24 HRS. Days Hours Min.
during	OCCUPATION (Given most of working life, DUSE (D)	e kind of work do even if retired)	ne 10b. KIND OF	BUSINESS OR	INDUSTR	11. BIRTHPLACE	State or foreign	ORK	12. CITI2	ZEN OF WHAT COUNTRY
13. FATHER'S	NAME	1.	SHE.	A		MIMMIE	DEN NAME	Gou	DGE	
15. WAS DE	CEASED EVER IN U.	S. ARMED FORCE		SECURITY NO.	17. fNFC	DALE	Scot1	1	Address ## 2	
	PART f. DEATH WAS			carcino	matos	sis				INTERVAL BETWEEN ONSET AND DEATH
gove	itions, if ony, wh rise to immedia (o), stoting the <u>und</u>	ote ( DUE TO	carcino	ma of o	ervi	x; uteri				7 7 years
_	PART II. OTHER SIG	(c)_ NIFICANT CONDI	TIONS CONTRIBE	JTING TO DEA	TH BUT NO	OT RELATED TO THE	TERMINAL DISEA	ASE CONDITION	GIVEN IN PART	3(o) 19. WAS AUTOPSY
NATION NATIONAL PROPERTY NATIO										PERFORMED?
OR CO	CCIDENT WAS UNDINTRIBUTING CAL ER, NOTIFY MEDIC	ISE OF DEATH	Ob. DESCRIBE HO	OO YRULMI WO	CURRED. (	Enter noture of inju	ry in Port 1 or P	ort II of item 38.)		
9	E OF INJURY Mon our o.m. p.m.	th, Day, Year 19	20d. INJURY O While No of work of	t while_		OF INJURY (Home y, street, office bldg		ity or town)	(Co	ounty) (Stote)
21. 1	certify that I a	ttended the d	leceased fran	n1951		19 ta	11/8/	196	Ωthat I lo	ast saw the decease
alive	an_11/8/60						2_N_M, fro		s and an the	e date stated above
SIGNAT	URE	2./	nug		M.D	Amos G	arrett ]	Blvd.,		11/11/60
PHYSIC	(Туре) S	Borssuck	M.D.			А	nnapoli:	s,_Md,		
RUR	AL (Specify)		60 22c. N	EO A	R. J	REMATORY &	22d. LOC	ATION (City, tow	POLIS	(Stote)
23. PUNERA	u DIRECTOR'S SIGN	ATURE / SOL	/ //	obress MGPC	(bi)	1 4 - DAT	REC'D BY REGI		Carthur S.	
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MERCHAND STATE DEPARTMENT OF HEALTH-BATTATE CMARKED

VS A1S (4) 1SM 9/SB

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

8 12119 Reg. Dist. No.

	12134		0		Reg. Dist. No.
1. PLACE OF DEATH			2. USUAL RESIDENCE (W		ution: Residence before admission)
	nne Arundel	MARYLAND	Mai	ryland b. COUNT	Anne Arundel
b. CITY OR TOWN (I RURAL ond give no	If outside corporate limits, wri	te c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporate limits, write	RURAL and give nearest town)
Annapolis		6 yrs.	Annapolis		
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, give str	eet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
1951 Drew	Street		1951 Drew	Street	YES NO X
3. NAME OF DECEASED	First	Middle	Lost	OF	onth Day Yeor
(Type or print)		Francis Hast	e		ember 24 19 60
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year lost birthday)	Months Doys Hours Min.
F	C WIDO	DIVORCED [	Jan. 20-190	2 58 yr	
0a. USUAL OCCUPATIO	DN (Give kind of work done 1 king life, even if retired)	Ob. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	e or foreign country)	12. CITIZEN OF WHAT COUNTRY
Domest		***	Annapol	is, Md.	U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN		
Thomas Ki	mhle		Katie B	rown	
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	NFORMANT		ddress
(Yes, no, or unknown)	(If yes, give war or dates of service)	Unknown N	Marion Gunn -	1951 Drew St.	Anna. Md.
18. CAUSE OF DEA	ATH [Enter only one couse pe	er line for (o), (b), and (c).	w la.		INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Drovahogen	w Ga.		ONSET AND DEATH
171	DUE TO	0			6
Conditions, if o	nu which \	60 1 6	usel		100
gove rise to i	mmediate ( DUS TO		140-1-		1 copie
lying couse lost.	The under-				-
	HER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION O	IVEN IN PART 1(0) 19. WAS AUTOPSY
ATIC				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERFORMED?
20a. ACCIDENT WA	AS HAIDEBLYING TO 120h I	DESCRIBE HOW INJURY OCCURRE	D. (Entre nature of Internation	Part I as Part II of Itam 19 )	YES NO
OR CONTRIBUTING	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	ron for ron flor nem is.	
		d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	m 20f (City or town)	(Caunty) (State)
20c, TIME OF INJUR Hour o. m.	WI WI	nile Not while for	ctory, street, office bldg., etc	c.)	(Cdully) (Stole
p. m.	ly of	work ot work		11/2/11	
21. I certify th	at I attended the dece	eased fram 11/23	, 196°, ta	11/27, 196	that I last saw the deceased
alive an	11/24 1	9 and that death	accurred at 84	_M, fram the causes o	and an the date stated above
1	101 1 111	10 6	24 1	ADDRESS (Street, city or tow	n, state) DATE SIGNED
ACTUAL	Levelin 4.	plem me	M.D. 3) Cal	VEPTSL. 7	HARAPOLIS, MO
PHYSICIAN'S Th	eodore H. John	nson, M. D.			
20. BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town	, or county) (State)
REMOVAL (Specify)		U.S.National	a casmaroni	Annapolis,	
3. FUNERAL DIRECTOR	100	ADDRESS	240 DEC	D BY REGISTRAR 245 REG	GISTRAR'S SIGNATURE
C.E.Hick		lis. Md.	DATE D	EC 5 '60	Inthus S. Phone
Cellellatt	D LLIE MILLIAN	ALLE DE LILLE	1 DATE		

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MARYLAND	STATE	DEPARTM	ENT OF	HEALTH
DIVISION OF STATISTICAL	RESEARCH	AND RECORDS	- BALTIA	AORE 1, MARYL

_		STATISTICAL RESEARCH AND RECORDS	
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1	1, PLACE O g. COUN
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	1, PLACE OF DEATH G. COUNTY	A.A.	MARYLAND	2. USUAL RESIDENCE (W		institution: Residence	e Sefore admission)
)	CROWN	SVILLE	2 mo , 22 day		autside carporate limits,	write RURAL and ai	RR, Md.
	d. NAME OF HOSE OR INSTITUTION CROWNSVIC			d. STREET ADDRESS	(	JYX	ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	HENRY	Middle	4.5BURY	4. DATE OF DEATH	Manth	6 1960
	5. SEX	A.	MARRIED NEVER MARRIED DIVORCED DI	8. DATE OF BIRTH 23 -	1873 9. AGE-fin		Days Hours Min.
	during masy of we	orking life, even if retired)	full worth	1 1 1	e or foreign country)  wry(aud	12.CITIZ	MS A
/	13. FATHER'S NAME	Richardy t	leury Asbury	14. MOTHER'S MAIDEN		of nauce	unknown
1	15. WAS DECEASED ET	1 (If yes, give war or dates of service	S? 16. SOCIAL SECURITY NO. 17	Medica	al Reco	Address	VALUE SA
		EATH [Enter only one couse EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line for (a), (b), and (c).]  Janares to one	and Jel	ydra ti	on	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if	(0)	Eyphilitie	t arterio	selesotio	heart	
	gave rise to couse (o), slotin lying couse las	ig the under- DUE TO	d. P. Heiro				
	PART II. O	THER SIGNIFICANT CONDIT	CONTRIBUTING TO DEATH B	N.S. Syfu	AINAL DISEASE CONDITIO	ON GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTION	WAS UNDERLYING 20 NG CAUSE OF DEATH FY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I or Part II of item	18.)	
	Y 20c. TIME OF INJU Have o. m p. m	10	20d. INJURY OCCURRED While Not while of wark at wark	PLACE OF INJURY (Hame, far factory, street, affice bldg., et		) (Co	aunly) (State)
		hat (I) (this haspital) ased alive an	attended the deceased frame	death accurred at 1:4	M, fram the caus		that (1) (we) last date stated above.
1	22o. SIGNATURE	Ducale	The	M.D. PHYS.	MED. STAFF		22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)		EDICT	22d. ADDRESS	ow rs ville	Md.	
	23a. BURIAL, CREMAT REMOVAL Special	TION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	CREMATORY	23d. LOCATION (City,	e lletu	istote)
100	HA FUMERAUDIRECTO	SIGNATURE)	322 ADORESS		HOV 20 160	Orthur S.	5.0

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havis after death. Page 4 may be recaired by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in ay the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 hours ofter death. VR A1S (4) 1SM 9/S9

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**CERTIFICATE OF DEATH** 

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Reg.	Dist.	No.	

				Keg. Dist. 140.	
. COUNTY	MARYLAND 2	o. STATE	b. COUN		re admission)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	THOF STAY IN 16	0	rtside corporate limits, write	RURAL ond give nec	arest fawn)
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION 2/12 MARY AUE	NUE 1	d. STREET ADDRESS 2112 MAR	Y AVENUE		IS RESIDENCE     ON A FARM?     YES    NO    NO
N. NAME OF DECEASED (Type or print) WILEY H	Middle ENRY	HOFFMAN	4. DATE NO SEATH X/6	Nonth Do	
S. SEX ALE 6. COLOR OR RACE 7. MARRIED AND WHITE WIDOWED	EVER MARRIED   B. C	2/2/88	9. AGE (In year last birthday	Months Days	Hours Min.
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  CONDUCTOR  9 TRI	SET CAR	BALTO.	mo.		· S. A.
3. FATHER'S NAME WILEY H. HOFFM.	\$ M	4 MOTHER'S MAIDEN NA LAURA	AME 2 STEVENS	3	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S  (Yes, no, or unknown) (If yes, give wor or dates of service) 2/3 ~/0		MOLLY HOFF	MAN	SAME	
Conditions, if any, which are rise to immediate (b) ARTERIO	RONARY	THROMB O	CULAR DISE	ONS	ERVAL BETWEEN SET AND DEATH  LUBEKS  TEMRS
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBU  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH			NAL DISEASE CONDITION (	GIVEN IN PART 1(a)	9. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OC	while factory	OF INJURY (Hame, farm, r, street, affice bldg., etc.)	20f. (City or town)	(County)	(State)
21. I certify that I attended the deceased fram alive on Now. 11, 1960,  ACTUAL SIGNATURE SIGNATURE PHYSICIAN'S J. BRRDY Smit		8421 F	M. GU / L., 14.  M. fram the causes  DDRESS (Street, city or tow  T. Smpll W.C.  ADE NA. M.C.	s and an the da yn, state)	
DEMOVAL Speciful . /	ME OF CEMETERY OR CI		22d. LOCATION (City, town		(Stote)
3) FUNERAL DIRECTOR'S SIGNATURE  LEERS - 130 E, 7010	ORESS CES	240. REC'D	BY REGISTRAR 24b. RE	Circles & Fo	

TO HOSP ILOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be fromed by the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fille. By the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

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Dr. Shart saler 121 damiedral St. Aumapolis, Paryland

e. IS RESIDENCE ON A FARM? YES NO NO Year

YES NO TX

22b. DATE SIGNED

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

b. COUNTY

## 121 Physision of statistical research and records — Baltimore 1, Maryland

MARYLAND

l year 15 days

c. LENGTH OF STAY IN 1b

2mo.

o. STATE

Maryland

Baltimore

d. STREET ADDRESS

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<b>JSPI</b>	pe	NER	B 3 s	the State Board of Health prior ta burial, cremation, or removal, and in ony event with 72 hours after death.	
HC	may	J FU	bod	the	
5 TO HOSP. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4	may be revained by the hospital or attending physician.	or TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely tilled and the funeral director,	📚 page 3 should be detached for use as the burial-transit permit. Then please remove carban popers. Pages 1 and 2 should be filed with		
4 1/	MI	3	(2)		

1. PLACE OF DEATH

Anne Arundel

RURAL and give nearest town)

Crownsville

b. CITY OR TOWN (If outside corporate limits, write

d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4

MAL	Crownsville State Hospital				2531 E. Hoffman Street				1F2	NO III			
3	D	AME OF ECEASED ype or print)	Fir Wil	liam	Middle Gete	er	Jackson	4. DATE OF DEATH	Mon 1		19		Year 1960
S	s. SI	x Male	6. COLOR OR RACE Negro	7. MARRIED UNKT	NEVER MARRIED [	B. D.	ate of Birth	876	9. AGE (In years lost birthdoy) 84 yrs.	Months Months	Doys	Hours Hours	Min.
1	0a.	USUAL OCCUPATION during most of work	king life, even if retired	done 10b. KIND C	OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (State	or foreign o		12. CIT		WHATC	OUNTRY
1	3. F	ATHER'S NAME Unkno	wn	Trail 1		1.	. MOTHER'S MAIDEN I						
			R IN U. S. ARMED FOR (If yes, give war or dotes of s	ervice)	security No. 1	7. INFOR	mant ospital Rec	ords	Add	ress			
	1		ATH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		o), (b), ond (c).]	ercu	losi s				INTE	RVAL BE ET AND	TWEEN
	ATION	Conditions, if o gove rise to i couse (a), stating lying couse lost.  PART II. OTH	the under-	Sen	ility and		hexia	IINAL DISEAS	E CONDITION GIV	EN IN PAR	RT 1(o) 1	PERFO	AUTOPSY PRMED?
	CERTIFIC	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	IOW INJURY OCCU	RRED. (E	nter noture of injury in	Port I ar Por	t II af item 18.)				
6	MEDICAL	20c. TIME OF INJUR Hour a. man	Y Month, Doy, Yes	While _ N	OCCURRED 20e	PLACE	OF INJURY (Home, form , street, office bldg., etc	n, 20f. (Cit)	or town)		County)		(Stote
1		21. I certify the saw the decease 220. SIGNATURE	ot (1) (this hospital	- 1A-	1011		h occurred at 7	O(t)	11/19 the couses or STAFF PHYS.			stoted	we) los lobove b. DATE SIGNES
		22c. PHYSICIAN'S NAME (Type)	Lionel McHe	nry Mapp	, M. D.		22d. ADDRESS Crownsvil			tal,	Mary	land	
1	R	BURIAL, CREMATIC REMOVAL (Specify)	11/28	160 V	MAME OF COMETER	Ly c	of marylan	23d. LOCA	TION (City, town,	or county)  Thouse	, IGNATUI	(Stot	e)
		Will	ian Re	ere l	2nn.	mo		2 9 '60			mared	-3	

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### FOR STATE HEALTH DEPT.

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1213 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12124

CALIN VEPI.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where daceased lived, If institution; Residence before admission)
ary, age, age, age, age, age, age, age, age	a. COUNTY A. A. CO . MARYLAND	a. STATE WAS H. D.C. b. COUNTY
8 - E E INI	b. CITY OR TOWN (it butside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
you you	Unnabolis	47メージ
10 00 00 00 00 00 00 00 00 00 00 00 00 0	d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address)	d. STREET ADDRESS  ON A FARM?
ined in the	3. NAME OF First Middle	600 CONDON TERRACE, S.E. YES NO NA FARM?
des des	DECEASED (Type or print)	OF 11 d
the the training of the traini	- pn. D.	DATE OF BIRTH 19. AGE (In years ) IF UNDER 1 YEAR   IF UNDER 24 HRS.
nd 3 may 2 wii urs a	M C WIDOWED DIVORCED 1	MAROL 3 1914 lest birthdey) Months Deys Hours Min.
2, a 2, a 5 a 1 bo	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	
Page 1, 1 a 1 7 7	dona during most of working life, even if ratirad)	MARYLAND U.S.A.
Page A3.	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
T P P	UNKNOWN	UNKNOWN
Form Syent	V(Van un an unbarren)   ((fires niverrenendates standing)	INFORMANT Address 600 CONDON TEAM C
bel me with with any	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	Thenesa Janison WashingTen Dig
in the line of the	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
and and and	MMEDIATE CAUSE (a) Fraction Street	whore Lengs tubber
ould the filter of the filter	Conditions, if eny, which	renore of
sho s's' o's' o's' o's' o's' o's' o's' o	geva rise to immediate cause	
indir niner d as	(a), stelling the underlying cause last. (c)	
d "pe Exan e use stion,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY PERFORMED?
wor wor ical Id b Id b	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (	Enter natura of injury In Part I or Part II of item 18.)
Med should shoul	PRIMARY or CONTRIBUTING	Carle 2 - Pedestrian
Thief 39 3 but	6.	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Was a post	Hour a.m. 11-8 1960 at work at work 11-8 1960	AReo. MD.
Price Parice	21. I certify that I took charge of the remains described above, he	ald an Autopsy , Inspection , Inquiry , and in my opinion
ent, tue	death resulted from: Natural causes . Accident Suic	ide, Homicide, Undetermined manner
C d ag	ACTUAL 65 1 St	CHIEF MEDICAL EXAMINER
Tale for mate	SIGNATURE for hard	M.D. ASSISTANT MEDICAL EXAMINER DATE BIGNED  DEPUTY MEDICAL EXAMINER
esign	EXAMINER'S E. LIU haredt	Address (Street, city, town, or county)
ase ase hould hould like d	276. BURIAL, CEMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or country) (State)
0 g 4 0 g	BURIAL 11-15-60 MRLINGTON	
VS. A15ME	23. FUNERAL DIRECTOR LORVIS C. 1432 You S.	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
5M 7/59	WIENNEST UPENIS C. 1732 YOU D.	DATE NOV 1 4 '60   arthur S. Kraus

The State of the S  OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12171

CERTIFICATE OF DEATH

12125

	Reg. Dist, No.
1. PLACE OF DEATH o. COUNTY AMERICAN MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Calcut
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest lown)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
1 drokligg ) July	Memorio
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \) NO
3. NAME OF DECEASED (Type or print) ANDREW Middle J	OHNSON 4. DATE Month Day Year DEATH 717, 27 1960
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH  9. AGE (In years last birthday)  Syrs.  Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life; even if retired)	STRY 11. BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address Heal & Matthewales Brookles I made
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	IINTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	clerate Heart Siseace ONSET AND DEATH
420,0 DUE TO	
Conditions, if any, which gove rise to immediate (b)	
case (a), stating the under-	
lying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I ar Part II of item 18.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from 11/2~	
alive an 1960, and that death	ADDRESS (Street, city or town, state)  DATE SIGNE
SIGNATURE Samuel tub	M.D. 203 gatapecoca,
PHYSICIAN'S SAMUEL RUBIN	1/27/60
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF SWEET OF COMMENTS OF CO	Wellester Colomons - Cabralto. (Stole)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
U. U. Hasteries & Son - Turbual	nect pattor 29'60 arthur & thous

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Reg. Dist. No.

	PLACE OF DEATH	Arundel		MARY	LAND	2. USUAL RESIDENCE () o. STATE	Where decease	d lived. If institut b. COUNTY		before	admission)
	b. CITY OR TOWN (IF	outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I	f outside corno	prote limits, write f	RURAL and ai	ve negre	st town)
	RURAL ond give ne	-		2 yr4 m	0	Washing			4	7 V	-)
		15'tricvitr	الرهم بالرموار	pddre@obool		d. STREET ADDRESS	WII, D.			10	IS RESIDENCE
		hildren's				913 - 5	th Stre	et S.E.			ON A FARM?
3	NAME OF	Fir		Middle		1- 4	4. DATE				
	DECEASED (Type or print)					Lost	OF DEATH	Moi		Doy	Yeor
-	SEX	Thom		Ezell  IED NEVER MARRIE		Johnson  B. DATE OF BIRTH	DEATH	NO	vember		1960
					-	B. DATE OF BIRTH		9. AGE (In years last birthday)			UNDER 24 HRS
100	male	Negro	WIDOW		_	2/10/42		Ø yrs.			
100	during most of worki	ng life, even if retired	done 10b.	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (Sto					WHAT COUNTR
	stitutiona	lized					ngton,	D.C.	U	SA	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN					
		es Newell	0	on		Mary A.	lice Jo	nes			
15. †Ye		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	. 17. II	NFORMANT			fress		
				010 MB		Children's	Center,	Laurel,	Md.		
	18. CAUSE OF DEAT	TH [Enter only one co	use per lin	e far (a), (b), and (c).]							AL BETWEEN
	PART I. DEAT	H WAS CAUSED BY:	,	Aspiration	pne	emonitis	(repeat	ted episo	des)	ONSET	T. LIMOS.
	310	DUE TO	,					-			
	Conditions, if on	" until a		spastic qua	dri	legie					
	gove rise to im	mediate (	1	pastic qua	CAL JU	Jac Bac					
	lying cause lost.		36.	ental retar	date	ion				-	
z		) (c				NOT RELATED TO THE TER	ANDIAL DICEAS	C COMPUTION OF		11.120	W45 41150354
CERTIFICATION	TAX O				WILL BOI	NOT RELATED TO THE TER	WINAL DISEAS	E CONDITION GIV	VEN IN PARI	- 1	PERFORMED?
5	20a. ACCIDENT WAS	Convulsi			CHART		0 11 0			Y	ES NO
ERT	OR CONTRIBUTING	CAUSE OF DEATH I	200. DE30	KIBE HOW INJURY OF	CORRE	). (Enter nature of injury i	n Port I or Por	f II of item 18.)			
ALC				***							
MEDICAL	20c. TIME OF INJURY Hour o. m.	Manth, Day, Yea	or 20d. IN While	JURY OCCURRED  Nat while	20e. PL/ foc	CE OF INJURY (Home, fo tory, street, office bldg., e	rm, 20f. (City	or town)	(Co	unty)	(Stote)
ME	p. m.	19	of work								
	21. I certify the	at I attended the			6,	19 58 to	Nov. 2,	19 60	that I la	st saw	the decease
	alive on Nov	. 2,	1960	and that	death	accurred at 5:00	AM from	n the courses	and on the	a data	stated about
9	0		0	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	404	decorred delling		treet, city or town,		e date	DATE SIGNI
	ACTUAL	1m/2- 9	13	eland		Children				. 11	4 4 4
	SIGNATURE	William C.	7	1200		w.D					
	PHYSICIAN'S NAME (Type)	ames E. Bo	ore far	M.D.		Children	Is Cent	ter. Laur	el.Md.	11	12/60
22a		I, 22b. DATE THEREO		22c. NAME OF CEME	TERY OF			TION (Çity, town,			
	REMOVAL (Specify)	11/8/	60	arling	/ O	nationa	P GA	land CI	or county)		(Stote)
23.	FUNERAL DIRECTOR'S	SIGNATURE	00	ADDRESS /		10-0000	C'D BY REGIST	TRAP 24h PCCI	STRAR'S SIGN	LATURE	6/262
4	Tolk-20	m Frances	001	bome 9	00	7 - 6 8 DATE	NOV 7	100	Terthung &		A
1	Trior	10 1 vovaco	4/1	1110		CO OL DATE				, / OLAL	VE
	, 0	113.0			The	n. M.					

VS A15 (4) 15M 10/57

after death. Page

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10101

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10	12191		CERTIFIC	AIE OF DE	AIH		Reg. D	ist. No.		
1. PLACE OF DEATH o. COUNTY	Anne Arund	lel	MARYLAND	2. USUAL RESIDENCE O. STATE	CE (Where decease	ed lived. If institution b. COUNTY		nce befor		
b. CITY OR TOWN RURAL ond give	N (If outside corporate lime e nearest town)		Hrs.	10	N (If outside corp	orote limits, write R	URAL ond	give neo	arest town	
d. NAME OF HOS	SPITAL (If not in hospitol,			d. STREET ADDR						DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Florence	or CrA	// Middle Hop	cins Jones	4. DATE OF DEATH	210 1	16	Da	1	rear 1960
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED WIDOWED	NEVER MARRIED	B. DATE OF BIRTH  July 14	- 1883	9. AGE (In years lost birthdoy) 77 yrs.	Months	R 1 YEAR Days	Hours	R 24 HRS Min.
during most of v  Domest	ATION (Give kind of work vorking life, even if retired 10	done 10b. KIND	OF BUSINESS OR INC		(Stote or foreign of Maryl)		12.CI	U.S.		OUNTRY
13. FATHER'S NAME	Jones			14. MOTHER'S MAI	Hillar	7				
15. WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMED FO (If yes, give war or dates of	service	nown	Informant Innie Thoma:	s-104 Cla	ay St.Ann		Ls-Mc	i.	
Conditions, i gove rise to couse (o), stoti lying couse lo	ng the <u>under-</u>	of to a	Territ pel	Persted H	y letter and the season of the	se condition giv	ards	RT 1(0) 1	9. WAS /	AUTOPSY RMED?
(IF EITHER, NOT	WAS UNDERLYING   NG   CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCUR	RED. (Enter noture of inj	ury in Port   or Po	ort II of item 1B.)			YES [	NO 🗌
20c. TIME OF IN Hour o.	m. 10	While	OCCURRED 20e. Not while of work	PLACE OF INJURY (Hom foctory, street, office bld	e, form, 20f. (Cit g., etc.)	ty or town)		(County)		(Stote)
21. I certify alive an	that I attended the	e deceased fr , 1960 I w D		, 1950th accurred at 133	M, from				stated	
PHYSICIAN'S NAME (Type)	R.L.Richard		Wi	110 01		t Annapol			land	
BENOVAL (Spec	111-19	OF 20c.	HEWES	- 1-1166	140	ATION (City, town,	0/1	C	(Stote	12
23. FUNERAL DIRECT	ORS SIGNATURE	11/1	VNA be		REC'D BY REGIS		STRAR'S S	4 .		

may be related by the hospital or attending physician. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 h, page 3 shauld be detached for use as the burial-transit permit. Then please remover art the registror prior to burial, crematian, or removal, and in any event within 72 haurs after TO HOSPI VS A15 (4) 15M 9/5B

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	and realth and—named to the co- Country of the state of the			od .
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the Links (1996)	that consett sold DEC	A A Company	over the	
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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Titem 9 FilmG276 12-14-60 et CENTIFICATE OF DEATH

12128

12100	CEKTIFICA	IE OF DEATI		Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryland		COUNTY	
	LENGTH OF STAY IN 16			Anne Aruni s, write RURAL ond giv Elvaton Au	re nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street add A.A. General Hospital	dress)	d. STREET ADDRESS RFO # 1	Dogwood R	ld.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) KATHRYN	Middle KF	TLIC	4. DATE OF DEATH	No V	Day Year 10 1960
female white WIDOWED	DIVORCED	DATE OF BIRTH	9. AGE lost b		YEAR IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State	or foreign country)	12. CITIZE	EN OF WHAT COUNTRY?
HOUSEWIFE  13. FATHER'S NAME	Own home	14. MOTHER'S MAIDEN			.S.A.
(unknown) Lacefield		(unkn	inum)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO		ormant r. Charles		Address Same as	# 2
1B. CAUSE OF DEATH [Enter only one couse per line	for (g), (b), and (c).]	L. 1	, 1	'1	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stoting the under- lying cause lost.  DUE TO  DUE TO  (c)  CC  UVIL	umatic.	heart l sten	· blise	ase	24 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CON  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ntributing to death but n	OT RELATED TO THE TERM	INAL DISEASE CONDI	TION GIVEN IN PART I	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	BE HOW INJURY OCCURRED.	(Enter nature of injury in	Port I or Port II of ite	m 1B.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJU Hour a. m. While p. m. 19 of work	_ Not while focto	E OF INJURY (Home, farr ry, street, office bldg., etc	n, 20f. (City or town	) (Co	unty) (State)
21. I certify that I attended the deceased alive an NO. 10, 1960  ACTUAL SIGNATURE AMOND / MORE SIGNATURE AMOND / MORE SIGNATURE TO MOND / MORE (Type)		, 19 60, to 10 occurred at 8;000 D. 2101 S'. Glen Bu	M, from the ca		saw the deceased date stated abave.  DATE SIGNED  WAY  [][][]
Burial 15th Nov. 1960		CREMATORY Cemetery	22d. LOCATION (Cit	rnie, Mary	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Glen Burnie, 1	Ad DATE N		246. REGISTRAR'S SIGN	

DATE NOV 1 4 '60

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSP

VS A1S (4) 1SM 9/SB

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	doctyrest service makes synall and noved rolls. Sometiment	

rs ofter death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h

TO HOS

VS A15 (4) 15M 9/SS

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12129

	12138		CERT	IFIC/	ATE OF DEATH	1		Reg. E	ist. No		10.7
1. PLACE OF DEATH o. COUNTY  Anne Ar			MAR	LAND	2. USUAL RESIDENCE (Who o. STATE		lived. If instituti b. COUNTY		30 .0	ore odmissi	
b. CITY OR TOW	N (If autside corporate lin e nearest town)	iits, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o		ote limits, write R				-
d. NAME OF HO	SPITAL (If not in hospital, ON	give street	ddress)		d. STREET ADDRESS					e. IS RESI	DENCE FARM?
U.S. Na	val Hospital				6 Alder Ro	a d					NO 🙀
3. NAME OF DECEASED (Type or print)	Bat	nt V Boy	Middle KENNEDY		Losi	4. DATE OF DEATH	Mon 11-	-27	Do		rear 1960
5. SEX	6. COLOR OR RACE	7. MARR	NEVER MARRI		8. DATE OF BIRTH		9. AGE (In years last birthdoy)	IF UNDE	R 1 YEAR	IF UNDE	R 24 HRS. Min.
Male	White	WIDOWI			11-26-60		— — γrs.	0	0	23	50
during most of	ATION (Give kind of work working life, even if retired	done 10b.	KIND OF BUSINESS C	OR INDU	STRY 11. BIRTHPLACE (State	ar foreign co	untry)	12. C	ITIZEN C	OF WHAT	COUNTRY
13. FATHER'S NAME					Maryland				US	SA	
	L VENNEDY						- WOLCIA	CALT			
	bert KENNEDY	RCES? 16.	SOCIAL SECURITY NO	117. 1	Marion	Bernic	ce WOISK				
(Yes, no. or unknown)	(If yes, give war or dates of		Joene Jecomi Tro	150		LENING			Dage		1
IR CAUSE OF	DEATH [Enter only one c	oure per lis	ne for (a) (b) and (c)		John Robert	KENNE	DI, OA	Ider		ERVAL BET	TAMEEN
	DEATH WAS CAUSED BY:	_								SET AND	
	IMMEDIATE CAUSE (	Res	spiratory D	) istr	ress Syndrome				-		
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Conditions,	fony, which )	0)									
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lying cause to	ng the unger-	:)									
			ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PA	RT 1(0)	9. WAS A	UTOPSY
ATI									107	PERFO	RMED?
PART II.  20a. ACCIDENT OR CONTRIBUT (IF EITHER, NOT	WAS UNDERLYING	20b. DESC	CRIBE HOW INJURY O	CCURRE	D. (Enter noture of injury in P	ort I or Port	II of item 18.)			163	140
	ING CAUSE OF DEATH										
20c. TIME OF IN Hour o.			NJURY OCCURRED	20e. Pt.	ACE OF INJURY (Home, farm,	20f. (City	ar tawn)		(County)		(Stote)
Haur o.	10	While of work	Not while	To	ctory, street, affice bldg., etc.	)					
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alive on 11					occurred at 8:10F						
dive on 12		, '/	, and mai	dedill			eet, city or town,		rne aa		TE SIGNE
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## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY 19130

1.	PLACE OF DEATH	P-7-1-41			2. USUAL RESIDEN	ICE (Where d	eceasad livad, If b, COUN		Residen	ca before	edmission
	Anne i	rundel		MARYLAND	Sam	e	. Same				
	b. CITY OR TOWN (if		ts,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside con	porate limits, writ	RURAL end	d give	neerest to	wn)
E	asadena			Life	Same						
	d. NAME OF HOSPITA	AL OR INSTITUTION (	if not In hos	pital, give street address)	d. STREET ADDRESS						A FARM?
dut	e 5 Box	492 4			Same						NO 🔀
	NAME OF	First		Middle	Last	4. DATE	Mont	1	Day	Yel	BF .
	DECEASED (Type or print)	Marvino				OF DEATH	TIOAGIII				60
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	15	AGE (In yeers last birthday)				
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	na during most of work		10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stets	or foreign co	untry)	12. CIT	IZEN O	F WHAT	COUNTRY
	None				Paltimore	Md.		US	A		
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	0 1 7 1 1				
m.	avmond Kess	4			Evelynr	Kana					
15.	WAS DECEASED EVE	R IN U.S. ARMED FOR	CES?   16.	SOCIAL SECURITY NO.   17.	INFORMANT	110000	Address			-	
J (Y	s, no, or unkown) (If	yes giva war or dates of s	ervica)	T.).	Tames Valor	(mothe	2)				
1	18 CHUSE OF DE	FATH (Enter only one	enuen nes l	ine for (e), (b), and (c).	velynn Kane	( mo dife	11		1 (517	TERVAL BE	TWEEN
1		WAS CAUSED BY:			T 0 11				10	ISET AND	DEATH
		MMEDIATE CAUSE (a)	àc	uite Fulmonary	Infection				- re	w day	/5
	527.	DUE TO							100		
	Conditions, if any,	(0)		Frank Programme	STATE AND ADDRESS.						
	geve rise to immedie (a), stating the un	DITE TO									
1	cause last.	(c)									
Z	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART	1(a)   1	9. WAS	AUTOPSY
E										YES T	ORMED?
5	20e. EXTERNAL CA	IISE WAS 1 2	Oh DESCR	IBE HOW INJURY OCCURED.	(Enter nature of Injury In Pa	et Lor Part II o	f Itam 18 \			153	140 1
CERTIFICATION	PRIMARY   or CON		OD. DESCR	DE HOW HOOK! OCCORED.	(cind norms of injury in re						
	CAUSE OF DEATH.		1.00.1		LOT OF WILLIAM (III					7	100
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Ye	While	Not Whila fa	ACE OF INJURY (Home, far ctory, street, office bldg., etc		y or town)	(Cou	nty)		(Stete)
1	21 I certify the		of the rem	nains described above, h	eld an Autopsy .	Inspection	Ty. Inqui	y [Ÿ],	and	in my o	opinion
17	The second second second	om: Natural ca	perma		cide , Homicide		ndetermined n	- Maul	1	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	death resulted if	) Haidiai C	Jusos M	Accident [], 3di				TOTALIOI [	1		
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	EXAMINER'S NAME (Type)	Custava	T7 91	ubert, M.D,	DEPUTY MEDICA Address (Street,			11/24/	poc		
22	BURIAL, CREMATION			22c. NAME OF CEMETERY C			TION (City, lows	, or country	)	(Ste	ite)
1	REMOVAL (Specify)	18/26/	60	my 3	Church	ma	cally .	- m	0		
23	FUNERAL DIRECTOR	1		ADDRESS	1 24a. RE	C'D BY REGILA	RAR   246. REC	ISTRAR'S SI	GNATI	URE	
D	reduce P.	Jagn 638	N. 9,	mon & Br	The DATE	NOV 2 8	00	lethur &			
11/		7,000	110	3, 10,	I DATE			Tronday 2	. / 64	W.A.	
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VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12131

	12174	CERTIFICA	ATE OF DEATH	1	Reg. Dis	t. No.
	PLACE OF DEATH	MARYLAND	2. USUAL RESIDENCE (Who			
	o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Baltimore 27	ENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside carporote limits	s, write RURAL and g	ive nearest fown)
	OR INSTITUTION 3321 HOLLINS	Exty Pd.	1 33 7 5 4	1/0/10/	Elky Fo	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED Type or print)  HHHH BE	I/E Middle	VITER Lost	4. DATE OF DEATH	11 28 6	Day Yeor
5. 5	6. COLOR OR RACE 7. MARRIED WIDOWED W	DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (	46.4	YEAR IF UNDER 24 HI Days Hours Min
10a	USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even.if-retired)	OF BUSINESS OR INDU	to a	or foreign country)	12. CITI	ZEN OF WHAT COUN
13.	FATHER'S NAME, Vailer Dy 1/E	· S .	14. MOTHER'S MAIDEN N	LTL4	9	
15. {Ye:	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI.	AL SECURITY NO. 17. I	A BM. Y	- Jaux	Address	
	18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e).  Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying cause lost.  (c)	(o) Pond (c).]	ts Deser	LAC		INTERVAL BETWEEN
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDIT	TION GIVEN IN PART	1(o) 19. WAS AUTOPS PERFORMED? YES NO
L CERTIF	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort Lar Port II of item	n 18.)	
MEDICAL	Hour a. m. While	OCCURRED 20e. PL. Not while of work	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(Co	ounty) (Stor
	21. I certify that I attended the deceased fra alive an 1960	om Oex II		M, fram the co	auses and an th	ast saw the decea
	ACTUAL YOULSOUNG	ead	MD. 130	ADDRESS (Street, city	Maptle	DATE SIG
220	REMOVAL (Specify)	NAME OF CEMETERY O		22d. LOCATION ICIN	y, town of county) .	(State)
23.	7 /1/ /60	ADDRESS RT KESS	240. REC'D		4b. REGISTRAR'S SIG Corthun S.	

	CERTIFICA	22125	

s after death

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

the attending physician and campletely filled in by the fune of director, Then please remove carban papers. Pages 1 and 2 should be Liled with

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1	2	1	3	2
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121	417		CERTI	FICATI	OF DEATH						
1. PLACE OF DEATH o. COUNTY	Anne Aru	ndel	MAR	YLAND 2	usual residence (Maryl		l lived. If institution b. COUNTY				
b. CITY OR TOWN (IF RURAL and give nec Annapo		s, write	c. LENGTH OF STAY	Y IN 1b	c. CITY OR TOWN (IF	outside corpor		URAL ond	give ned	rest faw	n)
d. NAME OF HOSPITA OR INSTITUTION Anne Arunde	AL (If not in hospital, g				d. STREET ADDRESS	lis Ros	ads			ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Joanna Joanna		Middle Mary	e	Lost KNIPP	4. DATE OF DEATH	Novem		Do	′	Yeor 1960
s. sex Female	6. COLOR OR RACE White	7. MARRI WIDOWEI		- 37	ov. 9, 1960		<ol> <li>AGE (In years lost birthdoy) yrs.</li> </ol>	Months Months	1 YEAR Days	Hours	7
10a. USUAL OCCUPATIO during most of warki	N (Give kind of work of ing life, even if retired)	lane 10b. N	Mone	OR INDUSTR	Y 11. BIRTHPLACE (State	and the same	ountry)	12.CIT	U.		COUNTR
S. WAS DECEASED EVER	epard KNIPI	CES? 16. S	OCIAL SECURITY NO		Marion El	izabeth	Add				
560. Canditions, if on gove rise to in cause (o), stoting t lying cause lost.	nmediate (	Hy	po plasia	make - ly	Why -		inger is				
20g. ACCIDENT WA	S UNDERLYING   CAUSE OF DEATH	134			OT RELATED TO THE TERM			/EN IN PAR	T 1(a) 1	PERFC	AUTOPS ORMED?
20c. TIME OF INJURY Haur a. m. p. m.	Month, Day, Yeo	20d. IN While of work	JURY OCCURRED Nat while of work		E OF INJURY (Home, for ry, street, office bldg., e		ar town)	(	Caunty)	de:	(Stat
21. I certify that saw the decease 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	AT	10.9,			D. ATTENDING IN THE PHYS. IN TH	A.M. MED. DIRECTOR		nd an th	e date		
23a. BURIAL, CREMATION REMOVAL (Specify) 24. FUNERAL DIRECTOR'S	1200 1:	2-1960 Suns	23c. NAME OF CEN St M OADDRESS	racio Rolin	Cent	23d. LOCAT	TION (City, town,	or county)  Oliver  STRAR'S SI	SNATU SNATU	(Sto	ite)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board at Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death. may be retained by the haspital ar attending physician. TO HOSP VR A15 (4) 1SM 9/59

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VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12175

**CERTIFICATE OF DEATH** 

Rea. Dist. No

12133

PLACE OF DEATH   ARUNDED   ARTHUR   ARUNDED   ARTHUR   ARTHUR								
		ARUNOFL	MARYLA	I O STATE	SIDENCE (Where decease		sidence before ad	(missian)
b. CIT	TY OR TOWN (If o	utside carporote limits, write est town)	c. LENGTH OF STAY IN	1b c. CITY OI	R TOWN (If outside corpo	prote limits, write RURAL	and give nearest	town)
d. N/	AME OF HOSPITAL	(If not in hospital, givestre	ARNOLD	1 A STREET	ADDRESS NA VISTA	A BUE	0	N A FARM
DECE.	ASED	EMMA	Middle 5	LAWRE	OF	Month	Doy	1.
5. SEX	F 6	1 4 /		4	5,1877	lost birthday) Mor		NDER 24 HRS.
duri	ing most of warking	life, even if retired)	b. KIND OF BUSINESS OR I	BA	BLTIMOR	Z- MD.	2. CITIZEN OF W	HAT COUNTRY
13. FATH	5 6				V 77 / 2 1			
15 14/46	And the same of the last of the same of th	and the second sections and the second sections are second sections.			na Herbst			- 4
{Yes, no. o	or unknown) (If )	ves, give wor or dates of service)	6. SOCIAL SECURITY NO.		C. Derrenbe	/	ENA L	ISTA
ga cau lyir	use (o), stating the ng couse last.	which bull (b) DUE TO (c)	CON GESTI	SROTIC OF BUT NOT RELATED I	CARDIOVA	SCULAR DI	SCASE OF SEASON OF THE SEASON	20 YEAR
							PE	RFORMED?
	CONTRIBUTING THER, NOTIFY ME	CAUSE OF DEATH	Series 110 W 114,0K, Occ.	OKKED. (Emer name	ar injury in ron r or ron	in or nem is.)		
20c.	Hour o. m.	Whil	e Not while	e. PLACE OF INJURY factory, street, offi	(Home, form, ce bldg., etc.)	or town)	(County)	(State)
aliv	Ve an	1 attended the deceded, 19	/-			P., 1960, the m the causes and contreet, city or town, stote)	at I last saw to an the date st	
PHY:	SICIAN'S C	T. P. Y	VN		BUER	VA P	ORK	
REM	RIAL, CREMATION, MOVAL (Specify) Urial	22b. DATE THEREOF 11/11/60	22c. NAME OF CEMETE	RY OR CREMATORY Mem, Park		TION (City, town, or cou	re. Mary	Stote)
	n 9.1		ADDRESS	md	240. REC'D BY REGIST	RAR 24b. REGISTRAR		anu

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3 ofter death. Poge 4

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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M	1. PLACE OF DEATH a. COUNTY
	b. CITY OR TOWN

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	PLACE OF DEATH	Anne Arunde	2	MARY	LAND 2	a. STATE	E (Where dece	b. COUNT	Y -	750	re admissi	ion)
	b. CITY OR TOWN RURAL and give t	(If autside carporate limi		c. LENGTH OF STAY	IN 16	c. CITY OR TOWN		orporate limits, write			rest tawn	)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in haspital, g	ive street	address)		d. STREET ADDRE						FARM?
	Anne	0		Hospital			Box 2					NO G
	NAME OF DECEASED (Type ar print)	Leo		Middle E.		LeBel.	4. DAT		ember	18		Year 19 60
5. 5	Me Te			NEVER MARRI		DATE OF BIRTH	MA.	9. AGE (In year last birthday)	Manths	Days	IF UNDE Haurs	R 24 HRS. Min.
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M	echanic	rking life, even if retired		st Ord. FI	.Mead	e Mai	ne	gii cooniiy)	- 10	U.S.		CONTRIT
3.	FATHER'S NAME				1	4. MOTHER'S MAI	DEN NAME					
	Unknow						חשטח					
(Ye	WAS DECEASED EV s. no. or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s W W 11	ervice)	SOCIAL SECURITY NO 25-22-4017		. Omer 8	lutler	Ac	ldress			
		immediate	Bla	refor (a), (b), and (c).  Leding 0  Those	eso,	phygi	al V	arice			ERVAL BE	
MION	cause (o), stoting lying cause last PART II. OT		DITIONS (	CONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE	TERMINAL DIS	ease condition o	IVEN IN PA	ART 1(a) 1	PERFO	AUTOPSY RMED?
CERTIFIC	OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRED. (	Enter nature af inju	ury in Part I or	Port II af item 1B.)			113	МОП
MEDICAL	20c. TIME OF INJU Haur a.m. p. m.	RY Manth, Day, Ye	20d. 1 While at war	NJURY OCCURRED  Nat while at work		OF INJURY (Home y, street, affice bld		(City ar tawn)		(Caunty)		(State)
		at (I) (this hospital ased alive an  Example	otteno			th occurred at	SP.M. fro	am the causes of			stated	
230	BURIAL, CREMATI		)F	23c. NAME OF CEM Balto. N				OCATION (City, town		1)	(Stat	e)
245	EUNERAL DIRECTO	D'C CICNIATURE	n e - L	Len Bus	nie		REC'D BY RE	GISTRAR 25b. RE	SISTRAR'S			

may be revained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the State Board of Health prior to burial, cremation, or removal, and press, within 72 hours ofter death. TO HOSP VR A15 (4) 15M 9/59

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Division of STANSFICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) Page a. COUNTY Health, b. COUNTY Maryland Anne Arundel OIX MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an application, Page secure the certificate, writing the word "pending" in pencil in Item 18. Give Peges 1, 2, and 3 to the inneral director. Page 4 be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. Item to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. Item Interest and 2 with the State Board of Haaki IERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Board of Haaki IERAL DIRECTOR: Page 5 may be retained for your files. Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town) Edgewater Rural rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO W First 3. NAME OF Middle Last 4. DATE Month Day Year DECEASED OF (Type or print) DEATH KENNETH LEE November 1960 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR 38 birthdey) Months Hours Male White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired TELEPHONE KEPAIRMAL IELE PHONE 13. FATHER'S NAM WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMA Address 1 (If yes give wer or dates electivica) OSEPH 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: Multiple Traumatic Injuries IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gava risa to immadiate ceusa should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a its designated egent, prior to burial, cremation, or ren DUF TO (a), steting the underlying causa last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? ease execute the certificate, writing the word NO YES 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Airplane Crash 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 20f. (City or town) (County) (Stata) factory, street, offica bldg., atc.) Whila Not While X field Riva Anne Arundel Marvland et work at work 19 60 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Charles S. Petty 11/27/60 NAME (Type) Address (Street, city, town, or county) DEP 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Specify) BURIAL 240 0 23. FUNERAL DIRECTOR REC'D BY REGISTRAR VS. A15ME TAYLOR SONS ANNAPOL NOV 2 9 '60 arthur S. House 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1/4/		CERTII	ICAIL	OI DE	A111						
1. PLACE OF DEATH				2.	USUAL RESIDEN	VCE (Where	deceased	lived. If instituti		nce befo	re admis	sion)
	ne Arundel		MAR	YLAND		yland		b. COUNTY	Anne	Aru	ndel	
b. CITY OR TOWN (II	outside corporate lim	its, write	c. LENGTH OF STAY	( IN 16	c. CITY OR TO	WN (If outsi	ide corpore	ote limits, write F	RURAL ond	give nec	arest tow	n)
RURAL ond give ne	oolis			1	O Anr	apoli	8					
d. NAME OF HOSPIT	Dead on a	give street a	ddress)		d. STREET ADD	RESS	one a				e. IS RES	SIDENCE A FARM?
Anne Arunde					711	L Arun	ndel I	Place				NO
3. NAME OF DECEASED		rst	Middle	•	Lost	4	DATE	Moi	nth	Da	зу	Year
(Type or print)	Marie		K.		LEE		DEATH	Novemb	er		6	1960
S. SEX	6. COLOR OR RACE	7. MARRIE	ED NEVER MARR	IED B. D	ATE OF BIRTH		9	9. AGE (In years lost birthday)		_	1	ER 24 HR
Female	White	WIDOWED	DIVORCE	ED OC	tober 5,	, 1893	3	67 yrs.	Months	Days	Hours	Min.
100. USUAL OCCUPATIO			IND OF BUSINESS	OR INDUSTRY	11. BIRTHPLAC	E (Stote or	foreign co	untry)	12. CI	TIZEN O	FWHAT	COUNTR
House	ing life, even if retired	"   1	Home		Mar	ryland			3/6			
13. FATHER'S NAME	,	1		1-	. MOTHER'S M.	AIDEN NAM	AE					
Ums	Suprou			178	Kn	kn	oros	n				
15. WAS DECEASED EVE			OCIAL SECURITY NO	D. 17. INFO	MANT D		40	Add	iress	5)		
(Yes. no, or unknown)	If yes, give war or dates of	service)		In	is UK	oles	u	uslen		5		
18. CAUSE OF DEA	TH [Enter only one co	ouse per line	(o), (b), and (c)	1	- /				-		ERVAL B	
	TH WAS CAUSED BY:	/	910/12	all	7/000	100		0		ONS	SET AND	DEATH
14-11	IMMEDIATE CAUSE (c		e and	Mu /	0	1 11	-			-		-//
Condition in	2	0	7/ mr To	Permier	Cara	un (In	20111	(m) Ali	non	110	5 VA	20
Gonditions, if or	nmediate	b)	Figure 10	round	Cara	00	recy	a cocc		-	1	3
lying couse lost.			9									
_	J (« IER SIGNIFICANT CON	DITIONS CO	ONTRIBITING TO DE	FATH BUT NO	T PELATED TO TH	HE TERMINA	DISEASE	CONDITION GI	VEN IN PA	RT 1(0)	19. WAS	AUTOPS
PART II. OTH	EK STOTAL COT	TOTAL CO	5141818011140-10-01	EXIII DOT NO	T KEDATED TO TI	TE TERITINA	L DIGERGE	CONTINUITOR			PERFO YES	ORMED?
_	C LINIDERIVING T	Took Desc	RIBE HOW INJURY (	OCCUPPED (F	inter antique of it	-iury in Par	t Lor Port	11 of item 18 )	-		152	] NO [
OR CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20B. DESC	KIBE HOVY INJURY	JCCORRED. (E	nier noture of it	niory in ros	11011011	II OI Helli 10.7				
			ILLOW O COLUMNIES	DO- BLACE	OF INHUIDY /U-		201 (6')	- 1 1		(6 1)		454-4
20c. TIME OF INJUR Hour o. m.		While	JURY OCCURRED  Not while		OF INJURY (Ho , street, office b		20f. (City	or town)		(County)		(Stot
p. m.	19	ot work										
21. I certify tha	t (I) typickostyche	(t) attende	ed the deceased	fram	5001	186	2 , .ta	6100	, 195	00, 11	nat (I)	Mexic
saw the deceas	ed alive an	100	1960, and	d that deat	h accurred	atM	, fram	the causes a	nd an th	ne date	e stated	d abav
220. SIGNATURE	1	11	R	A . IV		6:20	A.M.	47105	- 62.07		27	2b. DATE SJGNE
CA	MAKAS	11	Jeele.	/ M.D	ATTENDING PHYS.	MED.	CTOR 🗌	STAFF PHYS.	200	March .	11/	7/60
22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS							
(Type)	Edward S.	Beck			71 re	anklir	1 St.	, Annape	lis,	Md.		
239 BURIAL, CREMATIO	N, 23b. DATE THERE	OF	23c. NAME OF CEA	METERY OR CI	REMATORY	A 23	3d. LOCAT	ION (City, town,	or county	)	(Sto	ote)
MOVAL (Speety)	11-9-1	960	Hille	rest	Cent		len	neu la	Alex	per l'	m	ye.
24. FUNERAL DIRECTOR	S SIGNATURE	34.	ADDRESS	1.1	med 2	So. REC'D	BY REGISTI	RAR 256. REG	ISTRAR'S	SIGNATU	IRE	

the attending physician and campletely filled in ay the funeral director. Then please remove carban papers. Pages 1 and 2 should be filled with OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 h may be revained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the State Board of Health prior to burial, cremation, or removal, and in any every within 72 hours after death page 3 shauld be detached for use as the burial-transit permit.

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TO HOSP VR A1S (4) 1SM 9/S9

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TO HOSPI OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hamay be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled apage 3 should be detached for use as the burial-transit permit. Then placed enough corbon papers. Poges 1 at the State Board of Health prior to burial, crematian, or removal, and infany event within 72 haurs after death.

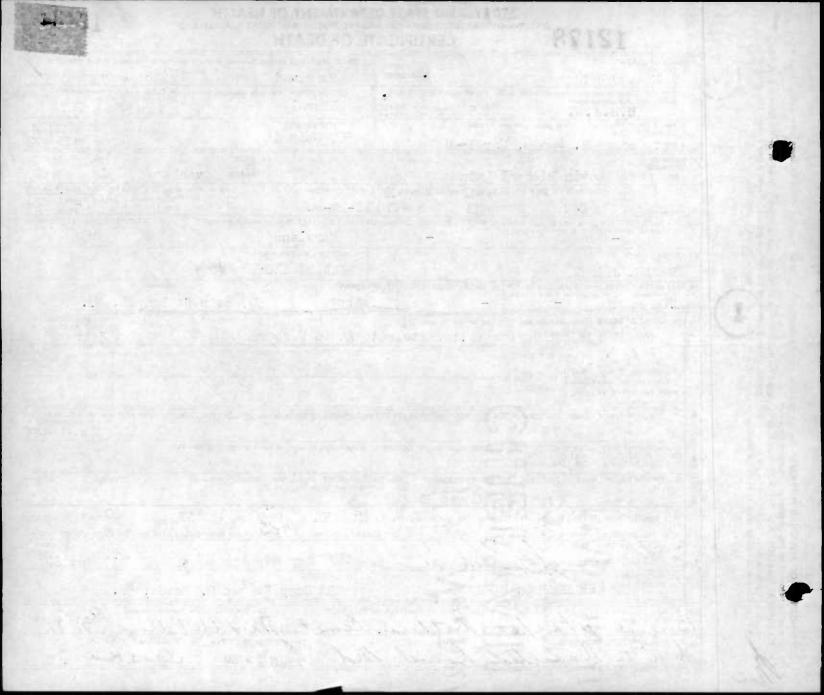
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# DI ACE OF DEATH

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12178

a. COUNTY ANNE ARU	NDEL		MARY	LAND	a. STATE Mar yland		b. COUNTY				Oil
	(If outside corporate lim	its, write c.	LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If	outside corpo	rote limits, write R	URAL and	give nea	rest town	)
RURAL ond give r	S.A.H.		5 hrs 25	Min	Laurel		16	0	-	2	
OR INSTITUTION	TAL (If not in hospital, g				d. STREET ADDRESS 507 Main S	St				ON A	IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Kevin Mich	rst	Middle		Last	4. DATE OF DEATH	Mon Novembe:		Doj		Year 1960
5. SEX	6. COLOR OR RACE			ראח ו	B. DATE OF BIRTH		9. AGE (In years				R 24 HRS.
MALE	CAU	WIDOWED [			11-19-60		lost birthdoy)	Months	Days	Hours	Min.
100. USUAL OCCUPATI		dane 10b. KIN			STRY 11. BIRTHPLACE (Stot		yrs.	12. CIT		WHAT C	OUNTRY?
13. FATHER'S NAME				-	14. MOTHER'S MAIDEN					) DA	
	T TTTT:7				BARBARA BE						
DANIEL J	ER IN U. S. ARMED FOR	CECO III CO	TAL CECURITY NO.	177.86	IFORMANT	TOWERT -	Add				
(Yes, no. or unknown)	(If yes, give war or dates of		JAL SECURITY NO.		Father	507 N	Main St L		. Mo	1.	
	ATH [Enter only one co	use per line fo	or (a) (b) and (c) 1			70.				RVAL BE	TWFFN
	ATH WAS CAUSED BY:				tesis in Newb	orn In	fan+		ONS	ET AND	
CATIC	immediate DUE TO	o) :) IDITIONS <u>CON</u>			NOT RELATED TO THE TERM			VEN IN PAR	RT 1(o) 19	P. WAS / PERFO YES []	AUTOPSY RMED? NO [4
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	'AS UNDERLYING  G  CAUSE OF DEATH Y MEDICAL EXAMINER)										
20c. TIME OF INJU Hour o. m. p. m.		ar 20d, INJU While of work	Not while	20e. PL/ fac	ACE OF INJURY (Home, far story, street, office bldg., e	rm, 20f. (City	or town)	(	County)		(Stote)
21. I certify th	ot (I) (this hospito	1) ottended	the deceased	from	19 Nov 1	9 60 10	19 Nov	. 19	60 th	ot (1) (	we) last
saw the deced	osed olive on 19	Nov			eath occurred at 7	4.5				stated	
1/1/2	Mac f	ROBI	nson		M.D. ATTENDING   1	MED. DIRECTOR   Ft Geo	STAFF PHYS.   G. Mead	le. Mo		Vov (	SIGNED 60
PREMOVAL*(Specify	11/22	OF 21	Sc. NAME OF CEME	ETERY O			TION (City, town, 1)	or county)	29	(State	ine 1.
24. FUNERAL DIRECTOR	R'S SIGNATURE	han,	ADDRESS	1	And DATES	C'D BY REGIST		STRAPS SI		4	<i>t</i>
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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SPI	may be revained by the haspital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remave carbah pages 1 the State Roard of Health prior to burial, cremation, and in any event within 72 hars after death.	
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10	5 0 ±	- 1
TO HOSPI OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, as the funeral director.  The state Board of Health print to buried, cremation, or removal, and in any event within 75 have after death.	

	PLACE OF DEATH b. COUNTY	Anne Arund	el	MARYLAN	CTATE	ENCE (Where deced	b. COUNTY		Arunde	_
	CITY OR TOWN (If RURAL and give ne Annapo.		ts, write c. LENC	OTH OF STAY IN 1	0 00.	own (If outside con	rporote limits, write R	URAL ond giv	re nearest to	wn)
a	or institution ine Arunde	AL (If not in hospital, g L General H			d. STREET AD		Ave.		ON	ESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Fire		Middle	Last MA CE	4. DATI OF DEA			Day	Year
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F	'emale	White	WIDOWED [	DIVORCED [		4 4 4 4 1	74 77 yrs.	Months D	Poys Hour	Min.
0a	during most of work	N (Give kind of work of ing life, even if retired)	done 10b. KIND OF	BUSINESS OR IN		CE (Stote or fareign	n country)		U.S.	COUNTRY
3.	FATHER'S NAME	DV F	DIIN	C	14. MOTHER'S I	MAIDEN NAME	modal is	144	HN	
	WAS DECEASED EVER	R IN U. S. ARMED FORG		SECURITY NO. 1	7. INFORMANT	FF	MACE	ress	2	
7	Canditions, if or gove rise to ir cause (o), stating t lying cause lost.	the <u>under-</u> DUE TO	Perfo Vali	return relus	d signo	alized and colo	of so		6 d	ays
FICATIO		ER SIGNIFICANT CON			1		100	EN IN PARI	PERF	FORMED?
CERTII	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE HO	W INJURY OCCU	RRED. (Enter nature of	injury in Port I or	Port II of item 1B.)			
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Month, Day, Yea	While _ No	CCURRED 20e	PLACE OF INJURY (H factory, street, office		City or town)	(Co	ounty)	(Stote
230		1	12 30, 19 Wilkins /	M.D.	M.D. ATTENDING PHYS. 22d. ADDRES	MED. MED. DIRECTOR Stathedral	m the causes ar	polis,	date state  12/1/ Md.	ed abave 22b. DATE SIGNED 60
1	JEMOVAL (Specify)	Dec 3-	1960 Si	Tam	es Cemu	ley a.	mako	Pio	m	rel.
9	Hon My.	Seeylus C	eres CZ	make		DATE 5		STRAR'S SIGI		

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## Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANDY " MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare dacaasad lived, If institution: Rasidenca before edmission) ould be executed within 24 hours efter death. If the pray is necessary in pencil in flem 18. Give Pages 1, 2, end 3 to the tuneral director. Page Office along with form PM3. Page 5 may be retained for your files. buriel-transit permit. File pages 1 and 2 with the State Board of Health. e. COUNTY a. STATE b. COUNTY Anne Arundel MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give necestitown) write RURAL end give nearest town) Pasadena Pasadena d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) STREET ADDRESS Magothy Middle DECEASED OF (Typa or print) DEATH November 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthdey) Months WIDOWED DIVORCED Female White 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY dona during most of working life, eyan if ratirad) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive war or datas of sarvica) 1B. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c). IMMEDIATE CAUSE (a) Shotgun wound of upper abdomen and lower chest DUE TO (b) "pending" gava risa to immadiata cause 40 DUE TO lease execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner' FUNERAL DIRECTOR: Page 3 should be used as (e), stating the underlying cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enlar nature of injury in Part I or Part II of itam 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Shot during altercation 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, Month, Day, Year 20f. (City or town) factory, streat, office bldg., etc.) 0 Pasadena, Anne Arundel, Md. at work al work DO House prior 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry agent, death resulted from: Natural causes Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Russell S. Fisher, M.D. NAME (Typa) Addrass (Streat, city, lown, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION. 22d. LOCATION (City, town, or country) REMOVAL (Spartly) 940 24a. REC'D BY REGISTRAR I VS. A15ME DANOV 3 0 '60 Cirilian S. France 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Anne Arundel

. IS RESIDENCE ON A FARM? YES NO

Yanı

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(Stata)

YES X

and in my opinion

DATE SIGNED

11/28/60

12. CITIZEN OF WHAT COUNTRY?

1960

IF UNDER 24 HRS.

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Anne A	rundel		MARYLAN	II a STATE	E (Where decease Marylan	b. COUNTY	Residence before	1
b. CITY OR TOWN (If RURAL and give new Pasadena.	outside carporate lim arest town)		c. LENGTH OF STAY IN 1	N/		rate limits, write RU		
d. NAME OF HOSPITA OR INSTITUTION	AL (If nat in haspital, ;		ddress)	d. STREET ADDR	ESS			o, IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	RAY		Middle HOWARD	Lost MELLOTT	4. DATE OF DEATH	Novemb		y Yeor 1960
s. sex Male8	White	WIDOWED		2 rd May 19		last birthday) 57 yrs.	Manths Days	Hours Min.
during most of working.  Carpente  3. FATHER'S NAME	ng life, even if retired	)	1f- Emp.	Idustry 11. BIRTHPLACE PENNS  14. MOTHER'S MAI	lvania	ountry)		S.A.
S. WAS DECEASED EVER	Mellott IN U. S. ARMED FOR Tyes, give wor or dotes of	CES? 16. Se		7. INFORMANT		Bedford Addre	nent A	
	H WAS CAUSED BY:	TERM	far (a), (b), and (c).}	Mrs. Marga: PONCHG-PA			Pasade	ERVAL BETWEEN ET AND DEATH DAYS
Canditians, if on gove rise to in cause (a), stating the lying cause lost.	mediote (	APL	ASTIC 1	ANEMIA			3	YEARS
PART II. OTH	CACHE	CIA		BUT NOT RELATED TO THE			N IN PART 1(a)	9. WAS AUTOP: PERFORMED? YES NO [
				RRED. (Enter nature of inju				
20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Ye	While	Nat while at wark	PLACE OF INJURY (Ham- factory, street, affice bld	e, form,   20f. (City g., etc.)	or town)	(Caunty)	(Stat
			A	_ 2 .				
21. I certify the alive on QC	toser 2.	deceased 5, 1960		ath occurred of 3_	ADDRESS (S	treet, city or town, st	nd on the dat	te stoted about SIG
alive on Oc	hur Lan THUR LA	lefore NKFO	ond that de	ath occurred ot.3. w.o. <u>2934</u> 	ADDRESS (S MOUNT)	n the couses are	nd on the dated	te stoted abo

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LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hayrs after death. Page 4 may be made by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haves after death. VS A15 (4) 15M 9/55

I. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hayrs after death: Page 4

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

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	2101		CERTIFICA	ALE OF DEAT					
o. COUNTY Anne Ar	ındel	ITE	MARYLAND	2. USUAL RESIDENCE ( o. STATE  Marvlan	- Intellin	b. COUNTY	n: Residence b	pefore admi	ssion)
b. CITY OR TOWN (I RURAL ond give no Crownsv		ts, write c. LE	ngth of stay in 16  vears	c. CITY OR TOWN (		prote limits, write RL	JRAL and give	nearest to	vn)
	AL (If not in hospital, g	ive street addres		d. STREET ADDRESS	0	10		e. IS RI	SIDENCE A FARM TO
Crownsy	ille State	Hospita	1	Unknown			DX -	YES [	NO 🗆
NAME OF DECEASED (Type or print)	Fir E11		Middle Counter	es Miles	4. DATE OF DEATH	Mont 11		Day 3	Yeor 19 60
SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	Months Do	-	-
Female	Negro	WIDOWED T	DIVORCED	January 19,		72 yrs.			
during most of work Unknown	ON (Give kind of work of king life, even if retired)	done 10b. KIND	OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Ste		country)		S.A.	COUNTRY
FATHER'S NAME	Protection of the last			14. MOTHER'S MAIDER	NAME				1
Joseph Con	inters			Julia Do	rsey				
WAS DECEASED EVE	R IN U. S. ARMED FOR		AL SECURITY NO. 17.	INFORMANT		Addr	ess		
N	(If yes, give war or dates of s		known	Hospital Rec	ords				
IB. CAUSE OF DEA	TH [Enter only one co	use per line for	(o), (b), and (c).]				11	INTERVAL	BETWEEN
	TH WAS CAUSED BY:		Heart Infa	ration				ONSET AN	D DEATH
Conditions, if o gave rise to in cause (o), stoting lying cause lost.	mmediate DUE TO		Colonaly 2	Arteriosclero	910				
	HER SIGNIFICANT CON	DITIONS CONTR		th Cerebral A			EN IN PART 1(	PERF	AUTOPSY ORMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY				RED. (Enter noture of injury					
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yes	While		PLACE OF INJURY (Home, footory, street, office bldg.,		y ar tawn)	(Cour	nty)	(State
21. 1 certify the		' 1	he deceased fram	death occurred a5	1958 to	11/3 the causes one		thot (1)	
22o. SIGNATURE	Jenen	. 11	T.	M.D. ATTENDING NO.	MED. DIRECTOR	STAFF			4/60
22c. PHYSICIAN'S NAME (Type)	L. Benedict	t, M. D.		22d. ADDRESS Crownsv	rille S	tate Hosp	ital, 1	ld.	
Burial, CREMATIO REMOVAL (Specify)	N, 23b. DATE THEREC	50 1	It toses	OR CREMATORY	23d LOCA	CTION (City, town, o	r county)	mc	ote)
FUNERAL DIRECTOR	S SIGNATURE LUXOLON	Liona	ADDRESS Edlown	\ //	NOV 9	co	TRAR'S SIGNA		

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22c. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

. IS RESIDENCE

ON A FARM

YES NO

Same

PERFORMED? YES NO

(State)

DATE SIGNED

(State)

agod 0 VS A15 (4) 15M 9/5S

220. BURIAL CREMATION.

1661- GOOD Hope Rd. S.E. Washington, DC 23 FUNERAL DIRECTOR'S SIGNATURE

3- 1960

22b. DATE THEREOF

Dec.

240. REC'D BY REGISTRAR DEC 2

22d. LOCATION (City, tawn, ar county)

Suitland, Maryland.

24b. REGISTRAR'S SIGNATURE Cirthur S. Kraus

AVE OF DEATH	CERTIFIC	12101	
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		TAPE.	
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United States of Author 12 and			Re An Villey

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND EXAMINE 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) . COUNTY in pencil in Item 18. Give Pages 1, 2, and 3 to the turneral director. Page Office along with form PM3. Page 5 may be retained for your files. surial-transit permit. File pages 1 and 2 with the State Board of Health, oval, and in any event when 72 hours after death. b. COUNTY Anne Arundel MARYLAND Anne Arundel b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Woodland Beach Rural Riva rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO DO Riva NAME OF Middla 4. DATE Las Month Day Year DECEASED OF DEATH (Type or print) 19.60 WILLIAM MILLER November 27 AGE (In years | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE IF UNDER 24 HRS. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Hours Male White DIVORCED WIDOWED [ 1Da. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) E/ 0 13. FATHER'S NAME DEPOTY MEDICAL EXAMINER: This certificate should be executed within ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT unkown) | (If yasgiye war or dates af servica) Office along with burial-transit permi 1B. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY Multiple Traumatic Injuries IMMEDIATE CAUSE (a) DUE TO removal, ~ Conditions, if any, which (b) ease execute the certificate, writing the word "pending" gava rise to immadiata causa forwarded to the Chief Medical Examiner's L DIRECTOR: Page 3 should be used as a DUE TO (a), stating the underlying PO cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO X 2Do. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) burial, CAUSE OF DEATH. Airplane Crash MEDICAL 20c. TIME OF INJURY Month, Day, Yaar 2Dd. INJURY OCCURRED | 2Da. PLACE OF INJURY (Home, farm, ! 20f. (City or town) Page (County) (State) factory, street, office bldg., atc.) 0 While Not While at work field Nov-27 at work Riva Arundel Maryland prior 1960 Anne should be forwarded to the FUNERAL DIRECTOR: Inspection 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion agent, Suicide Undetermined manner death resulted from: Natural causes Accident Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER TO DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Charles S. /27/60 NAME (Type) Addrass (Streat, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) BURIAL CEPAR BLUFF 0 Q40 6 24a. REC'D BY REGISTRAR I FUNERAL DIRECTOR REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

12144

arthur & Kraus

CERTIFICATE OF DEATH

o. COUNTY	peath ne Arundel	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institution b. COUNTY	on: Residence before admission)  e Arundel
RURAL a	TOWN (If outside corporate limits, write and give nearest town)	3 1/4 yrs.	c. CITY OR TOWN (IF a	outside corporate limits, write RU	JRAL and give nearest town)
d. NAME C OR INST Plaza	OF HOSPITAL (If not in haspital, give street ITUIION Nursing Home	address)	d. STREET ADDRESS 72 ½ Larki	ns St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or pr	First Sarah Jane Mon	Middle rbray	Last	4. DATE Monto	
5. SEX Fema	6. COLOR OR RACE 7. MAR WIDOW		B. DATE OF BIRTH 12-20-1870	9. AGE (In yeors lost birthdoy) 9 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Haurs   Min.
10a. USUAL O during mg Ma.	CCUPATION (Give kind af work done 10b st af warking life, even if retired)	NIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote Marylar		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S I	NAME		14. MOTHER'S MAIDEN	NAME	
All	pert Welch		Catherine	Tydings	
15. WAS DECE {Yes, no, or unkno No			NFORMANT I. Anderson -W	Norker, D.P.W.	
gove r cause (o lying ca	ons, if any, which ise to immediate by the under output of the under output out	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	inal disease condition Giv	PERFORMED?
	DENT WAS UNDERLYING   20b. DES	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port 1 or Port II of item 1B.)	YES NO
	OF INJURY Month, Doy, Year 20d. r o. m. 19 While of wo	Not while fo	ACE OF INJURY (Hame, form ctory, street, office bldg., etc		(County) (Stote)
saw The 22a SIGN 22c. PHYS	James M. la	19_60, and that o	M.D. ATTENDING M.D. PHYS. D		d an the date stated abave.  22b. DATE SIGNED Nov. 2,1960  e Balto.23, Md.
Buria	(Specify) 11-3-60	23c. NAME OF CEMETERY C		23d. LOCATION (City, town, or Baltimore, Ma	aryland
Charle	s R. Law 802 Madis	on Avenue	25a. REC		STRAR'S SIGNATURE  Inthus S. Frank

TO HOSP VR A15 (4) 15M 9/59

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N.	8.	Dist.	LAO'

16104	Keg.	Dist. No.
1. PLACE OF DEATH O. COUNTY FINE FRUNDEL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE ARX ARD b. COUNTY	lence before odmissigh)
b. CITY OR TOWN (If outside corporofe limits, write RURAL and give nearest town)	C. CITY OR TOWN (Vaulside corporate limits, write RURAL on	d give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Sanns Nursing Home	CEDAR DRIVE	ON A FARM? YES NO DO
3. NAME OF DECEASED (Type or print) / ARVEY F	MYERS 4. DATE Month OF DEATH	8 1960
5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	1/-1-1893   ast birthdoy)   Months	ER 1 YEAR IF UNDER 24 HRS. Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done dyring most of working life, even if retired)  - PRES  HARD WARES	BARY LAND	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME HENRY B. MYERS	14. MOTHER'S MAIDEN NAME ELIZABETH HENKE	2
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown)  (If yes, eve wer or dates of service)	FENTON MYERS Address	2_
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gove rise to immediate cause (a), stating the under-lying cause lost.  (b)  DUE TO  (c)	he Thembois	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.  ED. (Enter nature of injury in Port I or Port II of item 18.)	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURRE OF OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	cu. (cater nature of injury in Fort I or Fort II of Hem 16.)	
	LACE OF INJURY (Home, farm, cotory, street, office bldg., etc.)	(County) (State)
21. I certify that I attended the deceased from Spt 23 alive on New S., 1960, and that death ACTUAL SIGNATURE ALL A REPORTED TO SIGNATURE	1.16	I last saw the deceased the date stated above.  DATE SIGNED  11/9/60
PHYSICIAN'S NAME (Type)	Cemplis, Wol.	
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CO REMOVAL (Specify) 4/-1/-60 EDWARDS	OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
23 FUNÉRAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	DATE NOV 1 4 160 246. REGISTRAR'S	SIGNATURE.

TO HOSP I. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be prained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled by the funeral director.

To FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled by the funeral director.

The registrar prior to buriol, cremotian, or removal, and in any event within 72 hours offer death.

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eron also in electrical transfer and transfer and the second			

Maryland

d. STREET ADDRESS

RURAL - Churchton

Franklin Manor

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) -

b. COUNTY

e. IS RESIDENCE ON A FARM?

YES NO

Anne Arundel

d. NAME OF HOSPITAL (If not in hospital, give street address)

Anne Arundel General Hospital

b. CITY OR TOWN (If outside corporate limits, write

RURAL and give nearest town)

Annapolis

OR INSTITUTION

1. PLACE OF DEATH

o. COUNTY

CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 16

6 hours

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	ay the funeral directar,	3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with	(	
	d campletely filled in	n papers. Pages 1 and	hours after death.	
	attending physician an	pleose remave carbar	ip-anywent, within 72	
g physician.	NERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in ay the funeral directar,	urial-transit permit. The	state Boord of Health priar to burial, cremation, ar removal, and in arrangent, within 72 hours after death.	
be retained by the haspital or attending physician.	R: After this certificate	ached far use as the bu	alth priar to burial, crer	
be remained by the	NERAL DIRECTO	3 should be det	itate Boord of He	

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours, after death. Page

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~		AME OF ECEASED	Fir		Middle	Last	4. DATE OF	Mon					
	(	ype or print)	Willian		NCE	PHIPPS	DEATH	Novemb		- ,,			
	S. SI		6. COLOR OR RACE			B. DATE OF BIRTH		. AGE (In years lost, birthdoy)	Months Days	Hours Min.			
		ale	White	WIDOWED 1		October 14,	1900	60 yrs.					
	10a.		ON (Give kind of work of king life, even if retired)		OF BUSINESS OR IND	JSTRY 11. BIRTHPLACE (Stote				WHAT COUNTRY			
			nteR					utchtol	y U.S	•			
	13. F	ATHER'S NAME	-J P	Phip	ns	14. MOTHER'S MAIDEN	Ran	12/1					
	1S. \	VAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. SOCIA	L SECURITY NO. 17.	INFORMANT		Addr		,			
1	(Yes.	no, or anynown)	(If yes, give war or dates of s	218C	30603 E	LMER IR. PH	IPPS	Frankl	IN MAHO	ir, Md.			
			ATH [Enter only one co			- 1	1	0		ERVAL BETWEEN			
		PART I. DEA	IMMEDIATE CAUSE (d			resir à doge			at	least a			
		T4:	DUE TO	rt. to	emporal	and rt. bc	cilital	loke	4	lear			
		gove rise to immediate couse (o), stating the under- lying couse lost.  (b)  DUE TO Hypertansive Cardio-vascular disease  Years											
	CATION	PART II. OTH				T NOT RELACED TO THE TERM				9. WAS AUTOPSY PERFORMED?			
>			Cara		enlarger		Conona	7	7740	YES NO			
CAL CERTIFIE		20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY ÓCCURRED. (Enter noture of injury in Port I or Port II of item 18.)											
		20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)											
	MEDICAL	Hour o.m.	19		Not while the vork	A.	-						
(2)		21. I certify that (1) phisopophists attended the deceased fram November 1 1959, to Nov. 20, 19.60, that (1) (Not last											
23c		saw the deceased alive an Nov 20, 1960, and that death accurred atM, from the causes and an the date stated above.											
		220. SIGNATURE	1 \$	1-	-11	5:05	P.M.	STAFF		22b. DATE SIGNED			
		week	ara (1:	Om	4	M.D. PHYS.	DIRECTOR	STAFF PHYS.	11	/21/60			
		22c. PHYSICIAN'S NAME (Type)	Willard F.	SMTTN		22d. ADDRESS	o Md						
	23a.	REMOVAL (Specify)	1 1 .		NAME OF CEMETERY	OR CREMATORY		ON (City, towy), o	or county) M	(Stote)			
	24.	UNERAL DIRECTOR	SSIGNATURE	P1 1	ADDRESS /	2So. REC	OV 2 8 6	AR 2Sb. REGIS	STRAR'S SIGNATU	RE			
1.66	1	7.	Alanda Ta	151. 1 10	OFF I CUE				other & Kra				

12146

Anne Arundel

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## FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a lay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the iuraral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Megilth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

#### MARYLAND STATE DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12147 of STATISTICAL RESEARCH AND RECORDS, 1918 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission)
Anne Arundel MARYLAND	a. STATE MAIN AND 6. COUNTY HARFORD
b. CITY OR TOWN (if outside corporete limits.	c. CITY OR TOWN (If guiside cognorete limits, write RURAL and give neerest town)
write RURAL end give neerest town) Rural Riva Cyruf 2/2/19	( = 12 V - 2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS
	ON A FARM?
Riva 3. NAME OF A First Middle	TYMY CHEMICH CN E YES NOX
DECEASED A	100/ OF A/ A7 /
(Type or print) Charles W. F.A.	Yer DEATH NOV. 37 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	PATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey)  Months Days Hours Min.
Male White WIDOWED DIVORCED	epiven, va 1 1 25 yrs.
done buging most of working lifes even if retired	11. BITTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Chemical Center U.S Chine	Jeb. 3 1935 489
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME //
Inknown - deceded	Deceased unknown
S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I	NFORMANT Address
(Yes, no, or unkown) (If yes give we ray deles of service) Unknown It	Hollbird Service Rocards
18/ CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
Color	.c Injuries
DUE TO	
Conditions, if edy, which geva rise to immediate cause	
(e), sleting the underlying DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	YES NO 🔀
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  208. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING  208. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTIONS  208. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTE OF THE CONTRIBUTIONS  208. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTE OF THE CONTRIBUTE OF	nter neture of Injury in Pert I or Pert II of item 18.)
TIDIGIE OFAIL	
20c. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State)  ory, street, office bldg., etc.)
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA While Not While fects fects of work st work file	
21. I certify that I took charge of the remains described above, he	
death resulted from: Natural causes . Acodent X. Suici	
	CHIEF MEDICAL EXAMINER
ACTUAL (1) LOLO S. C.	ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
SIGNATURE COLORS	M.D. DEPUTY MEDICAL EXAMINER
EXAMINER'S Charles S. Petty	Address (Street, city, town, or county) 11/27/60
220. BURNAT, CREMATION, 226. DATE THEREOF, 22c. NAME OF CEMETERY OR	
REMOVAL (Specify) 11/30/60 T. Marriss	+ Sway Petershire Viscoulin
23 FUNERAL PIRECEOR W/W APPORESS	24a. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
630/2 Palante Palante 1	MA DEC 1 '60 arthur S. Knows
Delair la	Md DATE DELL OF COMMIT A. THERE

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1214 GMEDICAL EXAMINER'S CERTIFICATE OF DEATH

12148

		key, Dist. 140.		
)	1. PLACE OF DEATH O. COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Maryland b. COUNTY Anne Arundel.		
	b. CITY OR TOWN   f outside corporate limits, write RURAL and give nearest town  Annapolis 20 yrs.	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Annapolis		
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARMS YES   NO PA		
	99 Northwest Street	99 Northwest Street YES NO A		
	3. NAME OF DECEASED (Type or print) Robert Evan Pointer ( Bobby	J. Date Month Day Year OF DEATH November 27 1960		
	5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8.  Male 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8.	Oct. 25-1907  9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS.  Months Days Hours Min.		
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTIGATION of working life, even if retired)  General Utilities U.S. Naval Exp. Station			
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
	William Pointer	Agnes Hawkins		
	IYes, no, or unknown) I lift was give wor or dates of service)	Ima B. Nash-808 Carrollton Ave. Anna. Md.		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.  DUE TO  (c)	Olesesse Sulden		
	CATIC	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS AUTOPSY PERFORMED?  YES NO		
1	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter noture af injury in Port I or Port II af item 1B.)		
	20c. TIME OF INJURY Month, Day, Year Hour a, m. P. m. 19 20d. INJURY OCCURRED Office of work all work 19 20e. PLAC	CE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State)		
	21. I certify that I taak charge of the remains described above death resulted from Natural causes , Accident , Suice	cide [], Hamicíde [], Undetermined cause [].		
	SIGNATURE Co fru Lacat	M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED		
	EXAMINER'S E. LIWhAR IT.	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 11/27/60		
-	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)			
	Burial 12-1-60 Pine Lawn 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Annapolis, Maryland		
8	23. FUNERAL DIRECTOR'S SIGNATURE  C.E.Hicks   111   Annapolis, Maryland	DATE DEG 1 '60 Calling & France		
		DAIE DEG!		

VS. AISME(S) 5M 9/55

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TO DEPLY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessory, please executed the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funerometer. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registrar prior to buriol, exemption,

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D chor. prior registrar for with N pup pe MOY poges Pages 10 Page Give a buriol-tronsit olong should 00 Exam 3 should ward Medical to the Chic 5

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12147 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12149

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) e. COUNTY b. COUNTY C. STATE MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY QR. TOWN (If outside corporate limits, write RURAL and give nearest town) and dive nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO IX NAME OF « Middle DATE Day Lost Month Year DECEASED OF DEATH (Type or print) 19 60 6. COLOR OR RACE 7. MARRIED M NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 5. SEX IF UNDER TYPAR IF UNDER 24 HRS. Manths Hours WIDOWED | DIVORCED | yrs. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11/BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dusing most of working life, even if settred) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. AMAED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (o), stoting the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While a.m. Not while of work of work p. m. 21. I certify that I taok charge of the remains described above, held an Autopsy , Inspection | Inquiry , and find that Accident . death resulted from: Natural causes Suicide . Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220\_BURIAL CREMATION, 22b, DATE THEREOF 220 NAME OF CEMETERY OR GREMATORY 22d COCATION (City, town, or county) REMOVAL (Specify) 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Unitary S. Thous '6U

VS. A15ME(5) 5M 9/55

orworded FUNERAL

12117 MEDICAL EXAMINER'S CERTIFICATE OF DEATH TARREST SIDE VANS

# TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit, The bottom copy may be retained by the hospital or attending physician.

The law requires that the death certificate be executed

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### 12186 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY ANNE HELVIDEL MARYLAND	STATE Md COUNTY AA
CITY (If outside corporate limits, write RURAL OR end give neerest town) CLEN BURNNE (in this place)	CITY (Il outside corporete limits, write RURAL and give neerest town) OR TOWN C/EN BCRN1E
HOSPITAL OR INSTITUTION OR 19 Wilson Blod.	STREET (Il rurel give location) ADDRESS 19 WILSON Blvd,
3. NAME OF DECEASED (First) Mc RING ESTELLE	POWELL 4. DATE (Month) (Day) (Year) OF DEATH NOV 5 1960
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW OCT	7 9 187/ 89 yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  WWW /Former	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  USP
13. FATHER'S NAME  LOSEDH ASHIBURN	14. MOTHER'S MAIDEN NAME  MARY  ATTEMPTED  14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVERUN U. S. ARMED FORCES?  (Yas, no, or unk.) (If Yas, give wer or deles of service)	MRSNM POWell SAME AS Z
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	useular arcident one day
A /	erosis general sundyears
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH OF INJURY street, office bidg., etc.)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from OCA alive on 25, 1960, and that death occurred at. SIGNATURE TOLOT, M.D. 103	1959, to Nov 5, 1960, that I last saw the deceased  115PM, from the causes and on the date stated above.  ADDRESS (Street, city, town, state)  2 BAA BLOW. N. E. GRABLING, AND 5,60
23. BURIAT, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)  NOV 9, 1960 ROSELANIE  24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	C - III
DATE NOV 9 160 Circling & Florida	HOPPING + KIRKLEY GEN BURNIE, Md

### TELES CERTIFICATE OF DEATH

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

19107

#### CERTIFICATE OF DEATH

12151

	16104					Reg. Dist.	No.	
o. COUNTY	Anne Arunde	L MARYLAND	2. USUAL RESIDENCE (Vo. STATE Welcon		b. COUNTY	on: Residence t		sion)
RURAL ond give n	200	l vear .				URAL ond give	nearest tow	n)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give s	T MO-15 days	d. STREET ADDRESS	ne Mary	Tand	V	e. IS RE	SIDENCE A FARM?
Crownsvi	lle State Hos	pital			00	4.7		NO [
NAME OF DECEASED	First	Middle	Lost	4. DATE	Mon	th	Day	Yeor
(Type or print)	Robert	Sherman	Proctor	OF DEATH	1	l	10	1960
SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1 Y		7
Male	Negro wi	DOWED DIVORCED	11/2/1934		26 yrs.	Months Do	ys Hours	Min.
o. USUAL OCCUPATI		106. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Sto	te or foreign	country)	12. CITIZE	N OF WHA	COUNT
unknor	wn	unknown		cyland			USA	
. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
Unkne	own		Jane J	Proctor				
	ER IN U. S. ARMED FORCES	16. SOCIAL SECURITY NO. 17.	INFORMANT		Addi	ress		
no		no	Hospital Reco	ords				
18. CAUSE OF DE	ATH [Enter only one couse	per line for (o), (b), and (c).]					INTERVAL B	
PART I. DE	ATH WAS CAUSED BY:	Inanition and I	Pehrodration			9	ONSET AND	DEATH
711	IMMEDIATE CAUSE (o)	THATT OF OH CHAIR F	ony an a oron					
prop	DUE TO	Andrea Total		L. Draw				
Conditions, if a	immediate (b)	Ankylosing Rheum	natold Arthri	013				
couse (o), stoting								
lying couse lost.	(c)							
PART II. OT  200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	HER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TER	MINAL DISEAS	SE CONDITION GIV	EN IN PART 1		DRMED?
	AS UNDERLYING 206 G CAUSE OF DEATH Y MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury i	in Port I or Po	rt II of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.		20d. INJURY OCCURRED  While Not while of work of work	PLACE OF INJURY (Home, for foctory, street, office bldg., o	erm, 20f. (Cit	y or town)	(Cou	nty)	(State
21. I certify t	hat I attended the de	ceased from 6/26	, 1959 , ta	11/10	1960	,that I las	t saw the	deceas
alive an 1	1/10		th accurred at 10	a.M. fro	m the causes o			
-		110	1		Street, city or flown,			ATE SIGN
ACTUAL SIGNATURE	rulgell'	Kdel Cam	ledo Crown	sulle	State /	5/1/4	/ /.	1-11
PHYSICIAN'S 7	nrique	J. del Cam	to Cro	wus	ville 1	Vd.		
REMOVAL (Specify	3N. 226. DATE THEREOF	O Zion Ba	OR CREMATORY	22d. LOCA	TION (City, town,	or county)	(Sto	m)
3. FUNERAL DRECTO		ADDRESS		C'D BY REGIS		STRAR'S SIGN	ATURE	

may be exclined by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled to the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 https://doi.org/10.1009

TO HOS

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TO HOSP

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 12148

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	12	1	U	4

1	J. PLACE OF DEATH  o. COUNTY  MARYLAND  2. USUAL-TRE O. STATE	SIDENCE (Where deceased lived. If institution: Residence before admission)
-	RURAL and give nearest town) of the state of	R TOWN of outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  35	appress on a farm?  Although the discount of the second of the farm?  YES NO SECOND NO
3	3. NAME OF DECEASED (Type or print) A B CARD GLANGE PORCE	Last 4. DATE Month Day Year OF DEATH 1960
	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  B. DATE OF BI  WIDOWED  DIVORCED  100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11) BIRTH	1909 Shirthdoy) Months Days Haurs Min.
1	House Nulle	Myland 1,5,A.
	Milliam MCKerley Hasting Se 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT	englana Land
	(Yes, no. or/unknown) (If yes, give wor or dates of service)  1B. CAUSE OF DEATH [Enter only one couse per line for o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:	1 Randlings 3.5 Cathedrall
	Conditions, if ony, which gove rise to immediate couse (a), stating the under.  lying cause lost.  IMMEDIATE CAUSE (a)  DUE TO  DUE TO  DUE TO  (b)  DUE TO	the argues chartemas
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED  200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PROPERTY OF THE PROP	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		e of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.  p. m. 19 at work of work 20e. PLACE OF INJURY foctory, street, of the street of work 19 at work	
	21. I certify that (1) (this haspital) attended the deceased frame saw the deceased alive an 10 and that death accurry 220. SIGNATURE	red at M, fram the causes and on the date stated abave.
	ATTEND M.D. PHYS.  22c. PHYSICIAN'S  22d. ADI	MED. STAFF SIGNED DIRECTOR PHYS.
	NAME (Type) AT ALLEY (C)	Cothodis 14
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY	illama Ma
	Walliam Relact Management Appress	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  DATE NOV 7 160  Lithury S. France

2. USUAL RESIDENCE (Where decorated lived, if institution: Residence before admission)
o. STATE)

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH**

MARYLAND

(	M	)

1. PLACE OF DEATH

75 after death. Page 4

al director, filed with

	and con	dod uoc	72 hours	
1	the attending physician	Then please remave car	and in any event, metallin	
The may be remained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and com	poge 3 should be detached for use as the burial-transit permit. Then please remave calbon pap	the State Board of Health prior to buriol, cremotion, or removal, and in any event, wettin 72 hours	
SM	9/5	9		

	1	S. GITY OR TOWN (If autside carporate limits, write C. LENGTH OF STAY IN 1b COTTY OR TOWN (If guiside carporate limits, write RURAL and give nearest town)
	1	8. NAME OF HOSPITAL (I not in hospital, give street oddress) OR INSTITUTION OR A FARM? OR INSTITUTION OR A FARM? OR INSTITUTION OR A FARM?
	D	NAME OF DECEASED Type or print) TONY 6, Middle Related 14. DATE Month Day Year OF DEATH 196
	S. SI	EX   6. COLOR OF RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years lost birthdoy)   Months   Days   Hours   Min.
	100.	USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY IT BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY OF BUSINESS OR INDUSTRY IT BIRTHPLACE (State or foreign country)
	13. F	Lewis Wathers Subu Soci
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Addr
		18. CAUSE OF DEATH [Enter only one couse per lipe for (a) (b), and (c).]  PART I. DEATH WAS CAUSED BY MELLINGUISM TO ILLY ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
		Canditions, if any, which gove rise to immediate cause (a), stating the under-lying cause last.  (b) Concurrence / uterus / which pure To
h	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? YES NO [
	n n	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a. m. p. m.  19  20d. INJURY OCCURRED While Not while at work at work at work at work at work at work.
		21. I certify that (I) (this hospital) attended the deceased from
		220. SIGNATURE  ATTENDING MED. STAFF SIGNE
1		22c. PHYSICIAN'S NAME CYPER S T ALLEY 62 Cochocles ST
	23a.	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d OSCITION (City down, or control (State)
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		DIVISION OF STATISTICAL RESEARCH AND RECORDS	- BALTIM
21	50	CERTIFICATE OF L	EATH

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1. PLACE OF DEATH o. COUNTY	nne Arundel		MARYLAND	2.	USUAL RESIDENCE (W. STATE Marvl	The same	b. COUNTY		fore admission)
	(If autside carporote lim	its, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (IF				
Annapo				X	Crown	sville			
	ITAL (If not in hospital,	give street	address)	7	d. STREET ADDRESS				e. IS RESIDENCE
	indel Genera	1 Hos	spital	-		1			YES NO
3. NAME OF DECEASED (Type or print)	W111	rst	Middle		Robinson	4. DATE OF DEATH	Novemb		26. 19 6
5. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	_		1902 9	. AGE (In years IF I	UNDER 1 YEA	AR IF UNDER 24 H
Male	Negro	WIDOWE			4-21-11	1019	lost birthday) M.	anths Days	Hours Min
during most of you	ION (Give kind af work rking life, even if retired WWW.	done 10b.	KIND OF BUSINESS OR INDI	USTRY	Oronger	Musq S	ntry)	12. CITIZEN	OF WHAT COUNTE S, A
13. FATHER'S NAME	10			14	MOTHER'S MAIDEN	NAME			
10 m	proun				more	roun			
15. WAS DECEASED EV	'ER IN U. S. ARMED FOI [If yes, give wor or dates of		SOCIAL SECURITY NO. 17.	INFOR	REVIS (	Currol	l Cor	owns	ville
THE RESERVED TO SHARE SHOWING	EATH [Enter only one or EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	1 3	lectryly	4	Imtol	lorce !		100	TERVAL BETWEEN NSET AND DEATH
Canditians, if gove rise to cause (o), stating lying couse last	immediate DUE TO	, 400	Pause u		letern	mel.	Section		
PART II. O'	THER SIGNIFICANT CON	IDITIONS (	CONTRIBUTING TO DEATH BU	T NOT	RELATED TO THE TERM	MINAL DISEASE	CONDITION GIVEN	IN PART 1(o)	19. WAS AUTOP PERFORMED? YES NO
OR CONTRIBUTION	VAS UNDERLYING DIG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Er	nter noture of injury in	Part I or Port I	II of item 1B.)		
20c. TIME OF INJU Haur o. m. p. m.	. 10	While			OF INJURY (Home, far street, affice bldg., et		or town)	(Count	y) (Sto
	, , ,	,	ded the deceased fram		accurred at		トムしての he causes and d		that (I) (we) lo
22o. SIGNATURE	aust	- 0	Eller	M.D.	ATTENDING: 35	A.M.	STAFF PHYS.		22b. DATE SIGN
22c. PHYSICIAN'S NAME (Type)	Dr. Aris	. Al	len		22d. ADDRESS  Cathedra	al Stree	ıt .	Annapo	olis, Md.
23a. BURIAL, CREMATI REMOVA Specif	ON, 23th DATE THERE	1960	23c. NAME OF CEMETERY	OR CR	EMATORY	Bray	ON (City, lown, on a	2	S.C.
24. FUNERAL DIRECTO	PESIGNATURE A	nan	ADDRESS Imafo	lis	25a. REC	DERY REGISTR	25b. REGTSTR	aris signat	WASIA

and 2 should be filed with TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 F may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board at Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIC - BALTIMORE 1, MARYLAND

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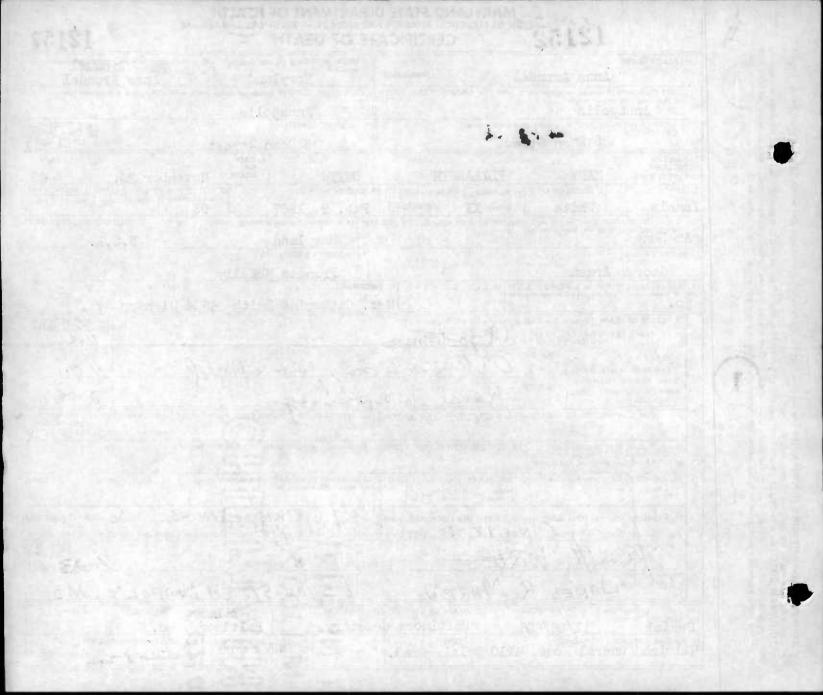
PLACE OF DEATH     O. COUNTY	Anne Arunde	1	MARYLAND	2. USUAL RESIDENCE (WI		6 COUNTY	Residence bel		ion)	
b. CITY OR TOWN RURAL ond give r Annapol	(If outside corporote limi learest town)		OF STAY IN 16	c. CITY OR TOWN (IF C	outside corporate li		RAL ond give n	earest town	)	
OR INSTITUTION	TAL (If not in hospitol, g			d. STREET ADDRESS					FARM?	
3. NAME OF DECEASED (Type or print)	Lottie	st	Middle	SHERBERT	4. DATE OF DEATH	Novem Novem			Year 19 60	
S. SEX	6. COLOR OR RACE	7. MARRIED NEV	ER MARRIED	B. DATE OF BIRTH	9. AC		Months Days	+	R 24 HRS.	
Female	White	WIDOWED 📉	DIVORCED	September 14	, 1881	79 yrs.	50/1			
during most of wo	ON (Give kind of work rking life even if retired	done 10b. KIND OF BU	JSINESS OR INDU	Maryla1  14. MOTHER'S MAIDEN I	nd	)	U.S		OUNTRY?	
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s		URITY NO. 17.	NFORMANT DWW.	JOHE	Addre	"Asouth	the	M.	
	the under-	Chronic	elecas	due deter	ezil.		10	TERVAL BE	DEATH	
	- /	DITIONS CONTRIBUTION	NG TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CON	NDITION GIVE	N IN PART 1(o)	19. WAS PERFO YES	RMED?	
	20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Ye	While Not work of work	hile fo	LACE OF INJURY (Home, form poctory, street, office bldg., etc.		own)	(County	()	(State)	
	ased ative an Nov			22d. ADDRESS	A.M. ST	AFF	I an the dat	te stated 22 2-14-6	above. b. DATE SIGNED	
230. BUBIAL, CREMATI SEMOVAL (Spece) 24. FUNERAL DIRECTO	Nov 17	1960 23c. NAM ADDR	E OF CEMETERY OF	Apel	23d. LOCATION	25b. REGIST	21 TRAR'S SIGNAT		r)	
14 Hards	sty & Son	Gales	rilla	MA DATE	NOV 21 '60	a	nelwy S. M	rough		

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	O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic	page 3 shauld be detached for use as the burial-transit permit. Then please remove	and in any event, wi
	signed by	permit.	remayal,
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directa iled wit	7		PLACE OF DEATH	Anne Arund	e]	MARYL		o. STATE	Mary]		lived. If institu b. COUNT		
be f	M)		o. CITY OR TOWN ( RURAL ond give n	If outside corporate linearest town)		c. LENGTH OF STAY IN	N 16	c. CITY OR T		outside corpora	ate limits, write		
201	V		-	TAL (If not in haspital,  5 Dean St		address)		d. STREET A	DDRESS	n Stre	et.		
0 -			NAME OF DECEASED (Type or print)	MARY		Lost 4. DATE OF							
y fill		S. 9		6. COLOR OR RACE	_	IZABETH RIED NEVER MARRIED	8.0	DATE OF BIRTH	1		Novem		
rs. P	Ū	Fε	emale	White	WIDOW	<del>-</del>	_	eb. 9,			P. AGE (In year lost birthday) 93 yr:		
d completely filled papers. Poges 1			during mast of wor	ON (Give kind of work king life, even if retire	dane 10b.	KIND OF BUSINESS OR		11. BIRTHPL	ACE (Stote	or foreign cou			
200	7		FATHER'S NAME			Maryland  14. MOTHER'S MAIDEN NAME							
ician e car			George	Armen				_		McKell	▼		
nov mov	3		WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INFO				Ad		
e rer	ָ שׁ		O .	(If yes, give wor or dates of	service)		Mrs.	Cathe	rine	Smith	4604 G		
the ottending physician Then please remove car				ATH [Enter anly one of	ouse per li	ne for (o), (b), and (c).]			175				
Then Then			11 = 5	IMMEDIATE CAUSE (		Josemi	a_						
2			750	DUE TO	a	r teris	0	-	2000	0.1	0		
			Canditions, if a	mmediate	b) 00	Da rogoe	wys	2)	jen	rali	ref		
-			couse (o), stating lying cause lost.	the under-	1	enal da	sul	the in	Cu -	_			
been signed	5	Z		HER SIGNIFICANT CO	VDITIONS	CONTRIBUTING TO DEAT	TH BUT NO	T RELATED TO	THE ERMI	INAL DISEASE	CONDITION G		
		CATION							•				
ficate has the burial		CERTIFI	OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (	Enter noture of	f injury in	Port I or Port	II of item 18.)		
use as		MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yo	20d. I While of wor	Not while		OF INJURY (F y, street, office			or town)		
d for	5.		21. I certify the	at (I) (this haspite	ıl) attend	led the deceased f	ram_	lept-6	1 19	60, ta 1	lovi 23		
che		-	saw the decea	sed alive an	NOVE	18 1960, and t	hat dea	th accurred	at /1=	M, fram t	he causes a		
be deto			22a. SIGNATURE	old, to	arti		M.D	ATTENDING	M M	ED. RECTOR	STAFF PHYS.		
O FUNERAL DIRECTOR poge 3 shauld be deta			220 PHYSICIAN'S NAME (Type)	JAMES 1	2. 1	PARTIN		6 SA		ST	ANNE		
3 si	ב ס	230	. BURIAL, CREMATIC	ON, 23b. DATE THERE	OF	23c. NAME OF CEMET	TERY OR C			23d LOCATIO	ON (City, town,		
Poge the Ct		-	REMOVAL (Specify			Baltimore					more, M		
-		24. U.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS Belair Road			25a. REC	NEW REGISTR			
S (4)					-:				DATE		U		

a. COUNTY	Anne Arun	del	MARYL		o. STATE	CE (Whe		lived. If institution b. COUNTY	on: Residen			)
RURAL ond	OWN (If outside corporate give nearest town)  napolis	limits, write	c. LENGTH OF STAY IN	N 16	c. CITY OR TOW	/N (If or		te limits, write R	URAL and	give nea	irest town)	
d. NAME OF OR INSTITI		l, give street i	address)		d. STREET ADDR	RESS	Stree	et			e. IS RESIDE ON A FA YES N	KMY
3. NAME OF DECEASED (Type or print	MARY	First EL	Middle IZABETH		Losi SMITH		4. DATE OF DEATH	Novemb		Da Da		60
S. SEX	6. COLOR OR RAG	- ITIOAKK	IED NEVER MARRIED		DATE OF BIRTH		9	. AGE (In years lost birthday)	IF UNDER Months	1 YEAR Days	Hours 1	24 HI Min
Female	White	WIDOWE				.867		93 yrs.				
At home	UPATION (Give kind of wa af working life, even if reti	rk dane 10b. red)	KIND OF BUSINESS OR	INDUSTR	Maryl		or foreign cou	ntry)		S.A	• WHAT COL	JNTR
3. FATHER'S NA	ME				14. MOTHER'S MA	IDEN N	AME	14		110		
Geor	ge Armen				Franc	es l	IcKelly	7				
S. WAS DECEAS	EDEVER IN U. S. ARMED F		SOCIAL SECURITY NO.	17. INFO	RMANT			Add	ress			
No.				Mrs.	Catheri	ne S	Smith	4604 Gl	enarm	Ave	0.	
Candition gave rise couse (o), lying caus PART OR CONTRIL (IF EITHER, 1 Hour Hour	III. OTHER SIGNIFICANT C	TO (b) TO (c) TO (c) THR THR Year 20d. It White of worl	CRIBE HOW INJURY OCCURRED Not while k of work	CURRED. (		iury in P ie, farm, ig., etc.)	ort I or Port I	or town)	(1	County)		TOPS MED? NO (Stor
/	AN'S		PARTIN		ATTENDING .	ME DIR	M, fram th	AYNA			stated a	bav
Burial, CR	11/26/6		23c. NAME OF CEMET Baltimore		etery		Balti	nore, Mo	1.		(Stote)	
Ullrich	ECTOR'S SIGNATURE Funeral Home	, 4210	Belair Road	d.	25c	TE REC'T	V 2 8 60		thun 8.			



VS A15 (4) 15M 9/S8

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

									Keg. c			
1. PLACE OF DEATH a. COUNTY	A.A.Co.		MAI	RYLAND 2	a. STATE	Md.	re deceased	lived. If institution b. COUN	ITY	•CO •	re admis	sion)
b. CITY OR TOWN ( RURAL and give n  Annamolis	(If outside corporate limit learest town)	s, write c	LENGTH OF STA	Y IN 1b	40	TOWN (If au		ate limits, writ	e RURAL and	give nea	rest tow	n)
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in hospital, gi		dress)	1	d. STREET	_		C+			ON A	SIDENCE A FARM?
	el General				•			36.			163	, no Li
3. NAME OF DECEASED (Type ar print)	James Firs		Midd Lver		wden	†	4. DATE OF DEATH	Nov	Aanth •	10	,	Year 19 60
5. SEX	6. COLOR OR RACE	7. MARRIEE WIDOWED			eb. 3-		5	9. AGE (In year last birthday	y) Manths	Days	Hours	ER 24 HRS Min.
A PARTICIONAL OCCUPATION									rrs.	71761161		
during most of wor	ON (Give kind af work d king life, even if retired)	lone 10b. KII	ND OF BUSINESS			apolis		untry)	12. CI		S.A.	COUNTRY?
3. FATHER'S NAME				1	4. MOTHER'S							
George Sno	wden				Rach	el Woo	ten					
S. WAS DECEASED EVE	ER IN U. S. ARMED FOR	CES? 16. SO	CIAL SECURITY N	IO. INFO	RMANT			A	ddress			
No.	(If yes, give war or dates of se		-14-1498	B Flo	yd O.	Snowde	n-120	South	St. A	nna.	Md.	
Conditions, if a gave rise ta i cause (a), stoting lying cause last.	the under-	Jold	JA M	red (	ed K	hn	Phi L di	CONDITION	GIVEN IN PA	ONS	SET AND	AUTOPSY
A TIC										in riaj r	PERFC	RMED?
(IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	8E HOW INJURY	OCCURRED. (	Enter noture o	f injury in Po	art I or Part	II of item 18.)				
20c. TIME OF INJUS Hour a.m. p. m.	RY Month, Day, Yea	while at work [	Not while at work	20e. PLACE foctory	OF INJURY (	Home, farm, bldg., etc.)	20f. (City	or fown)		(County)		(State)
actual signature	L. RICHARDS	., 1260 w Br		deoth or		A	DDRESS (Str	he couses et, city or tow	wn, state)	ne dote	DA'	
22a. 8URIAL, CREMATIC REMOVAL (Specify)	ON, 22b. DATE THEREO	F	2c. NAME OF CE		REMATORY		22d. LOCATI	ON (City, tow	n, ar county		(Sta	te)
23. FUNERAL DIRECTOR  C.E.Hicks		polis	ADDRESS				8Y REGISTR	AR 24b. RE	GISTRAR'S S			

CHEST

e OC e C e C 2.00 THE AND LOCAL CONTROL OF CONTROL OF SECURIOR SECTION AND ADDRESS OF SECURIOR Temps Cliver to Manual Memory Court 30 Feb. 5-1598 X ... e lino n. i AND THE CONTROL OF THE STATE OF 

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pin kov. 13-60 second 112 consequit, No. 12. .... is consist and polite, wil

## FOR STATE HEALTH DEPT.

PLACE OF DEATH

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY 4 5 9 1218:) MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before admission)

e. COUNTY		e. STATE	b. COUN	TY		
Anno Arundel	MARYLAND	Samo		Cama		
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporete limits, write	RURAL and give	neerest tow	n)
Pasadena	18 days	Sa me				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital Brookfield Rd.	pilel, give street address)	d. STREET ADDRESS			ON A	FARM?
3. NAME OF First	Middle	Same Lest 14.	DATE Month	Dev	Year	11
DECEASED (Type or print) John Ellison Stal		Losi 4,	OF DEATH	er 30th.	40	60
5. SEX   6. COLOR OR RACE   7. MARRIE	NEVER MARRIED   8.	DATE OF BIRTH	9. AGE (In years )		IF UNDER	
WIDOWEI		/8/21	iast birthdey) 39 yrs.	Months Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN O	F WHAT C	OUNTRY?
done during most of working life, even if retired)	ab. Technician	Pasadena Md	1.	USA		
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE			
Oliver Stallings	NEW TARREST	37 77 8 75 75 75				
	SOCIAL SECURITY NO.   17. II	Mellie Ell	1SON Address			
(Yes, no, or unkown)   (Ifyesgive werer detes of service)	OCIAL SECURITI NO. 17. II	NE OWININIA 1	Address			
Yes 27	6-18-5553 Mr	s. Audrey Sta	llinge			
18. CAUSE OF DEATH [Enter only one cause per li					ERVAL BET	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Parti	al Decenitatio	n by chooting	himself ando		SET AND D	EATH
IMMEDIATE CAUSE (e) 1 du 61	ar pecapitatio	HON SHOOTIE	HILISCHI MING	I CHILL		
7/6 × DUE TO						
	a 12 gaure s	ingle barrell	shot gun		Sudde	n
geva rise to immediate causa						
(a), stering the underlying						
	TRIBITING TO DEATH BUT NO	DELATED TO THE TERMINAL	DISEASE CONDITION CIVI	ENLINEDADT 1/a) I 1/a	9. WAS A	LITORCY
PART II. OTHER SIGNIFICANT CONDITIONS CON	INBUTING TO DEATH BUT NO	I KELATED TO THE TERMINAL	DISEASE CONDITION GIVE	EN IN PART I(8)	PERFO	
131				1	ES 📗 I	NO 🗾
PRIMARY Tor CONTRIBUTING	BE HOW INJURY OCCURED. (E	nter neture of Injury In Part I or	Pert II of Itam 18.)			
3 20c. TIME OF INJURY Month, Dey, Yeer   20d. 1	cribed in # 18	TE OF INIURY (Home, farm, 1	20f. (City or town)	(County)		State)
Hour e.m. While		ry, street, office bldg., etc.)	14 Prookfiel		sačen	
21. I certify that I took charge of the rem			pection 7 Inquir		in my or	
death resulted from: Natural causes		de X. Homicide	, Undetermined ma	b-mile	iii iiiy Oş	Jilloll
1 1 27	1 1 2	CHIEF MEDICAL EXAL	WINER			
ACTUAL MAISTANIS NA	in elicabille		_		ATE SIG	ATER
SIGNATURE	, contract of the second	M.D. ASSISTANT MEDICAL			MIL SIG.	MED
EXAMINER'S		DEPUTY MEDICAL EXA	AMINER 🖾 🕹	2/2/60		
NAME (Type) Gustave H. Faube	rt,M.D.	Address (Street, city,	town, or county)			4.1
22e, BURIAL, CREMATION, 22b, DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 220	LOCATION (City, town,	or country)	(Sleta	1)
REMOVAL (Specify) BUTEIA ( 12-3-60	MAGOTAN Ch	urch Cery.	PASADO	NA	12	1.
23. FUNERAL DIRECTOR OF THE PROPERTY OF THE PR	ABDRESS		Y REGISTRAR   24b. REGI		IRE	
Itopping + KIRKIS	Glen BUR.			Thun 2. Krau		
- 1 1	/					

TO DEFOTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If explay is necessary, please execute the certificate, writing the word "leanding" in pencil in Item 18. Give Pages 1, 2, and 3 to the tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of the lith, or its designated agent, prior to burial, cremation, or removal, and in any every within 72 hours after death. VS. A15ME 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	12	2190 DIVISI	ON OF				OF DEAT		MARYLAND			12:	160
	PLACE OF DEATH C. COUNTY Anne Arun	del			MARYLAN		usual residence ( a. STATE Maryland	Where decease	d lived. If institution b. COUNTY Anne			e admiss	ion)
-	b. CITY OR TOWN (IF RURAL and give ned Crownsvil	_	s, write		of STAY IN		Davidson		prote limits, write R	JRAL and	give nea	rest town	1)
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g					d. STREET ADDRESS Route 1,						FARM?
	NAME OF DECEASED (Type or print)	Fire	_		Middle James	3	Stewart	4. DATE OF DEATH	Mon 11		28		Year 19 60
	Male	6. COLOR OR RACE Negro	7. MARR	D 🔀	R MARRIED [		ATE OF BIRTH	888	9. AGE (In years lost birthdoy) 72 yrs.	Months	Days	Hours	Min.
0a	. USUAL OCCUPATIO during most of worki Farm Hand	N (Give kind of work o	lane 10b.	KIND OF BUS	SINESS OR II	NDUSTRY	11. BIRTHPLACE (SI		country)	12.CI		S.A.	OUNTRY
3	FATHER'S NAME  Jacob	Stewart				1	4. MOTHER'S MAIDE Eliza						
	WAS DECEASED EVER s. no, or unknown) Unknown	IN U. S. ARMED FOR If yes, give war or dates of s	ervice)	SOCIAL SECU 14-30-		Ho	emant spital Rec	ords	Add	ress			
	PART I. DEAT  Onditions, if on gove rise to in	nmediate (	Chr	Bre	onchop		onia ome Associ Arterioso			ral	INTE	RVAL BE	DEATH
CATION	lying couse last.  PART II. OTH	ER SIGNIFICANT CON	DITIONS C							'EN IN PA	RT 1(a) 1	PERFC	AUTOPSY DRMED?
CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW I	NJURY OCCI	URRED. (I	Enter noture of injury	in Port I or Pa	rt II of item 18.)				
MEDICAL	20c. TIME OF INJURY Havr a. m. p. m.	Month, Doy, Ye		NJURY OCCU Not wh at work		e. PLACE factor	OF INJURY (Home, of, street, affice bldg.,	form, 20f. (Cit etc.)	y or town)	-	(County)		(Stote
	21. I certify that saw the decease 22a. SIGNATURE	t (1) (this haspital	) attend 11/28				ATTENDING _	MED. DIRECTOR				stoted	(we) last above SIGNET
	22c. PHYSICIAN'S NAME (Type)	L. Be	enedi	ct, M.	D.		22d. ADDRESS Crownsvi	lle Sta	ate Hospi	tal,	Mary	land	1
23	BURIAL, CREMATION	23b. DATE THEREC	(a)	2. NAME	OF CEMETE	RY OR C	REMATORY	23d. LOCA	ATION (City, town,	or county	10	e 15to	te)

256. REGISTRAR'S SIGNATURE

arthur S. Herres

2So. REC'D BY REGISTRAR

DATE DEC 2

y the funeral director shauld be filed with may be revained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board at Health prior to burial, cremation, or remaval, and in any event within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

s after death. Page 4

TO HOSP VR A1S (4) 1SM 9/59

24. FUNERAL DIRECTOR'S SIGNATURE

TARE TO MARKET

Information					*	
		Mariantoval				III control
	12.	of Marcall L				
		en il de na				
		tout, all p	too reg			Bruth Cont.
					Care.	
			N Deliver			
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		efalouss eros polosola ma				
	nd directions	may has and may make		On the same since	Sank - Any Sank	
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Parks a feet		office Pu			1.1	
			ورونيان مي	3.	\$	

's after death. Page 4

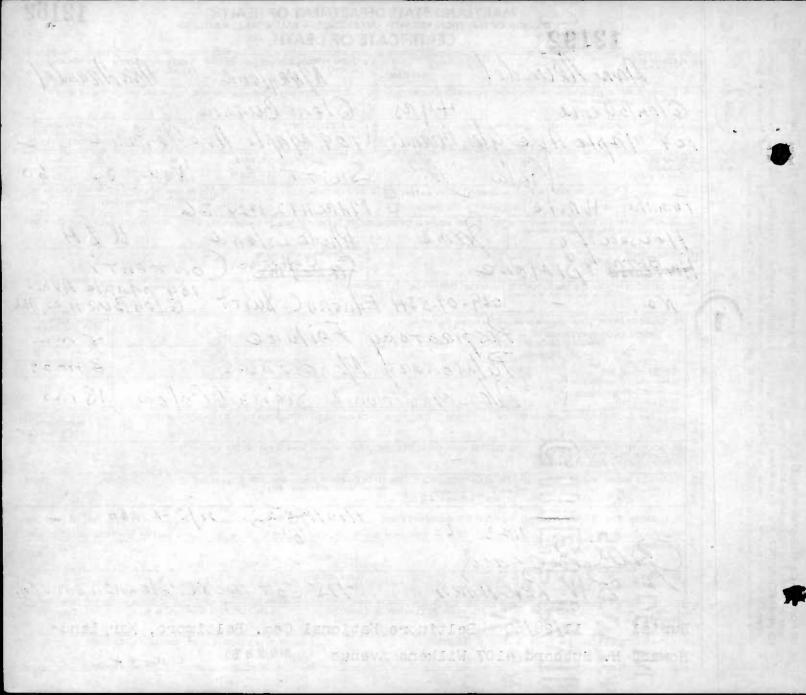
#### Item 20 Film 276 MARYLAND STATE DEPARTMENT OF HEALTH 12191 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH O. COUNTY Anne A	rundel		MARYLAND	Poltimono						
	(If outside corporate limits	s, write c. LEN	yrs 29 days							
OR INSTITUTION	ITAL (If not in hospitol, gi	3777 77724	()	d. STREET ADDRES	~	VO	1-4		PARM?	
3. NAME OF DECEASED (Type or print)	Firs		Middle	Stovall.	4. DATE OF DEATH	Month 11		/	Year 19 60	
s. sex Female	6. COLOR OR RACE	7. MARRIED [	NEVER MARRIED DIVORCED	B. DATE OF BIRTH August 6,	1897	AGE (In years lost hirthdoy) yrs.	Months Days	-	R 24 HRS. Min.	
10a. USUAL OCCUPATI during most of wor unemployed 13. FATHER'S NAME	ION (Give kind of work d rking life, even if retired)	one 10b. KIND (	OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (S  Maryl  14. MOTHER'S MAID  Georgia	and	try)	U.S		OUNTRY?	
	ER IN U. S. ARMED FORCE		L SECURITY NO. 17.	INFORMANT Hospital F		Addre	iss			
18. CAUSE OF DE PART I. DE. Conditions, if a gove rise to couse (a), stoting lying couse lost.	the under-	Cho Chr	k <b>od/fóód/i</b> ronic Brai	of Food cause of Pharynx/an on Syndrome rous System	d taryhk/ Associat	/N/933/ ced with		TERVAL BE NSET AND 1 min	DEATH D.	
5 Chron	ther significant contie Brain Syr	ndrome a	BUTING TO DEATH BUS SSOCIATED	with Central RED. (Enter noture of injur	Nervous	System System of item 18.)	Syphili article	s yes	ter	
	IRY Month, Doy, Yea	r 20d. INJURY	OCCURRED 20e. F	LEXAMINET PLACE OF INJURY (Home, octory, street, office bldg.	form, 20f. (City or		(County		(Stote) Md.	
21. I certify th saw the deced 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	jaro lear	dein	1960, and that	death occurred at ATTENDING PHYS.  22d. ADDRESS  Crownsv:	MED. DIRECTOR	STAFF PHYS.	11/2	1/60	above. b. DATE SIGNED	
23a_BURIAL_CREMATION REMOVAL (Specify	ON, 23b. DATE THEREO		NAME OF CEMETERY			PN (City, town, or		(Stot		
24. FUNERAL DIRECTO			ADDRESS	250.	RESIDEN REGISTRA	1	TRAR'S SIGNAT			

TOLD OTOMISENT Two for One: FilmG276 12-13-60 et 63 7.81 ent of the second 1912-1912 Charles Control of the second telling many second laure that betalepart design along among The state of the s And the second of the sales were and the second of the sec

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

4 52	10100
Poge 4	1. PLACE OF DEATH a. COUNTY HOW ARUND  2. USUAL RESIDENCE (Where deceased lived. If institution: Regidence before admission) a. STATE RIMAGIANA  b. COUNTY HOW FRUITAGE
death.	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CHAPS URNIE  4413
of the f	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 109 HOSPITAL (If not in hospital, give street oddress) ON A FARM? 109 MIMPLE AVE GENERAL YES NO I
filled filled ges 1 and eath.	3. NAME OF DECEASED (Type or print)  A DATE OF DECEASED (Type or print)  OF DEATH  OF DEATH  OF DEATH  NOV- 24 196
d withir oletely f rs. Pag ofter dec	5. SEX. 6. COLOR OF RACE 7. MARRIED MEVER MARRIED   B. DATE OF BIRTH 9. AGE (In years last birthdoy) Months Days Hours Min.
ad camp in pope hours o	10a. USUAL OCCUPATION (Give kind of work done 10b. KAD) OF BUSINESS OR INDUSTRY 17. BIRTHPLAGE (State or topeign country)  What GOUNTRY  WAS A COUNTRY  WHAT GOUNTRY  WHAT
ician ar e carbo ithin 72	ATTHER'S NAME ONTENTIAL CONTENTS
ng phys e remov event, w	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no. or unknown)  (Yes, no. or unknown)  (If yes, give war or dates of service)  (Suit T Clen Burnie, N
ottendii n please in ony	18. CAUSE OF DEATH [Enter only one couse per life for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  POS PIRATORY FAILURE  IMMEDIATE CAUSE (a)
by the iit. The ol, and	Conditions, if any, which) (b) Palmonary Merastases 3 mos
requires on. signed sit perm	gave rise to immediate couse (o), stating the under- lying cause last.  DUE TO Adono Carci Noma Sigmaid Colon 18 mo
physicial physicial as beer iol-tran	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS' PERFORMED? YES NO 1
Ficate h	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICI or affi or certifi use as ta buria	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.  p. m.  19  20c. TIME OF INJURY (Home, farm, factory, street, affice bldg., etc.)  19  20c. TIME OF INJURY (Home, farm, factory, street, affice bldg., etc.)
haspita After the hed far th prior	21. I certify that (I) (this housital) attended the deceased from #1/0/193193, to 11/24, 1960, that (I) (we) los sow the deceased alive on 1/23, and that death accurred to 1/3 M, from the causes and on the date stated above
ATTEN by the ECTOR: e detac of Healt	226. SIGNATURE  ATTENDING  M.D. PHYS. DIRECTOR PHYS. D
AL DIRI	PAME (Type) R. W. PRICHARD 22d. ADDRESS COTTER Rd. Glen Burnish
HOSIC nay be of FUNER. age 3 sh	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
o HO may O Fun page the St	Burial   11/28/60   Baltimore National Cem. Baltimore, Maryland
VR A15 (4)	24. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  Howard H. Hubbard 4107 Wilkens Avenue  ADDRESS  DATE NOV 2 8 '60  Carling & Heart
15M 9/59	The test



OR ATTENDING PHYSICIAN: The law requires that	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
zined by the haspital ar attending physician.	
DIRECTOR: After this certificate has been signed by	DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar,
uld be detached far use as the burial-transit permit.	uld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with
oard of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.	and in any event, within 72 haurs after death.

VR A1S (4) 15M 9/59

Page	2		LACE OF DEATH	Anne Arunde	1	MARYLANI	n STATE	DENCE (Where decease Marvland	b. COUNTY		re admission)
r death. funeral	uld be fi		CITY OR TOWN (I RURAL and give of Annapo		ts, write c. LENC	OTH OF STAY IN 1	110	TOWN (If outside corp	orate limits, write RU		-
oy the	2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Ar	or institution ine Arunde	AL (If not in hospitat, g	lospital		6. STREET	Washington	St.		e. IS RESIDENCE ON A FARM? YES NO
24 ho	it.	1	NAME OF DECEASED (Type or print)	Alber		Middle	TATE	OF	Novem		Year 15 19 60
d withir	frer dec	S.	sex sale	6. COLOR OR RACE	7. MARRIED   N	DIVORCED	B. DATE OF BIRT	1901	9. AGE (In years last birthday) yrs.	Manths Days	IF UNDER 24 HRS. Hours Min.
executer and camp	haurs o	10a	. USUAL OCCUPATION during most of war	ON (Give kind of work of king life, even if retired	done 10b. KIND OI	BUSINESS OR IN	DUSTRY 11. BIRTHP	LACE (State or foreign	news 2	A 12. CITIZEN OF	WHAT COUNTRY?
rtificate be physician ar	e carbo	13.	FATHER'S NAME	?			14. MOTHER'S	MAIDEN NAME			
certific ng phys	Ø 0)			R IN U. S. ARMED FOR (If yes, give war or dates of s		SECURITY NO. 17	INFORMANT	Records	Addr	ess	
that the death by the attendi	t. Then pleas al, and in any			ATH [Enter only one ca ATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO	l be	(to), and (of.)	g Sur	i			ERVAL BETWEEN SET AND DEATH  (1)  (2)  (4)  (4)  (5)  (6)  (7)  (7)  (8)
equires an. signed	r remave		gave rise to i cause (a), stating lying cause last.	m mediote		ar co,	aujure				7
physicio	ial-trans	CATION	PART II. OTI	HER SIGNIFICANT CON	DITIONS CONTRIBI	JTING TO DEATH I	BUT NOT RELATED TO	O THE TERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(a) 1	9. WAS AUTOPSY PERFORMED? YES NO
IAN: TI tending ficate h	the bur al, crem	L CERTIFI	OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCUI	RRED. (Enter nature	of injury in Part 1 or Pa	rt II of item 18.)		
PHYSIC al ar att	ta buri	MEDICA	20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Yes	While _ No	CCURRED 20e. t while work	PLACE OF INJURY factory, street, office	(Home, farm, 20f. (Cite bldg., etc.)	y or town)	(County)	(State)
NDING ne haspit	alth prior		saw the decea	ot (I) <b>Most bospital</b> sed olive on <b>NO</b>	nottended the	deceosed from	t deoth occurre	d otM, from	Nov. 15, the causes on		e stoted obove.
ed by the	be det		22c. PHYSICIAN'S	enter to	- John	Mu	M.D. ATTENDIN		STAFF PHYS.		1/16/6
reidin	te Boar		NAME (Type)	Theodore H.				Calvert St.	, Anna pol:	is, Md.	
may be	the Sta	1	SEMOVAL (Specify	N. 23b. DATE THEREC	960 19	ME OF CEMETER	OR CREMATORY.	le a	ATION (City, town, o	elis,	(State)
VP A1C	(4)	24.	FUNERAL DIRECTOR	'S SIGNATURE	CAL	DRESS.	- n. 0	25a. REC'D BY REGIS	TRAR 256. REGIS	STRAR'S SIGNATUI	RE

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.do dodgations .historical ob. 3-9-1901 39 your Portifica U. Il .... Hytil Reade By a financial constitution of the second of Devial 11-26-1960 ( Delever State Congress of the west ATTO DIENE THE STATE OF THE STATE OF

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detoched for the detoched for the detoched for the detoched for detoch
L DRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, build be detoched far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with oard af Health priar to burial, crematian, or removal, and in any event, within 72 hours after death.

63

r the attending physician and camp	Then please remove carbon paper	ond in ony event, within 72 hours of	(
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camp	page 3 should be detoched far use os the burial-transit permit. Then please remove carbon paper	the State Board of Health priar to burial, crematian, or removal, and in any event, within 72 hours o	

VR A15 (4) 15M 9/59

PLACE OF DEATH				ere deceased lived. If institut	ion: Residence before admission)
a. COUNTY Ar	ne Arundel	MARYLAND	o. STATE Maryla	ind b. COUNTY	Anne Arundel
b. CITY OR TOWN (If outside RURAL and give nearest tow Annapolis		c. LENGTH OF STAY IN 16		utside corporate limits, write l	RURAL ond give nearest town)
d. NAME OF HOSPITAL (If not	in haspital, give stree		d. STREET ADDRESS		e. IS RESIDENCE
Anne Arundel Ge	neral Hosn	i+e7			ON A FARM?
			1	Le Darr	
NAME OF DECEASED	First	Middle	Lost	4. DATE Mo	-
(Type or print)	Sara		THOMPSON	DEATH Novemb	
		RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
Female Ne	gro widow	/ED DIVORCED	February 1, 1	1905 55 yrs	
Oa. USUAL OCCUPATION (Give	kind af work dane even if retired)	. KIND OF BUSINESS OR INC	USTRY 11. 8IRTHPLACE (Stote		12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME			14. MOTHER'S MAIDEN A		0.00
John	n Di	wheth	Joseph	me &m	uth
5. WAS DECEASED EVER IN U. S	. ARMED FORCES? 16	. SOCIAL SECURITY NO. 17.	INFORMANT /	Add	fress 11 70
(Yespino, or unknown) (If yes, give	war or odres or service)	f	Dorter tho	moson (h	unchiton 1/10
TB. CAUSE OF DEATH [Ente	er only one couse per	ing far (a), (b) and (c)	11	1	INTERVAL BETWEEN
PART I. DEATH WAS		nealle al	holmas sella	00	ONSET AND DEATH
33 IMMEDI	ATE CAUSE (a)	war.	Ceria of		6 004
W	DUE TO	4-1	11 1 4 6	/ .	
Conditions, if any, which		serveal of	sypertens	ion	Upain
cause (o), stating the unde	DITE TO				
lying cause lost.	(c)				
PART II. OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH B	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPS
Ĭ.		1/dal	eles.		YES NO F
20a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL	SE OF DEATH	SCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in I	Part I or Part II af item 18.)	
20c. TIME OF INJURY Month	h, Doy, Year 20d.		PLACE OF INJURY (Home, farm		(County) (State
Hour o. m.	19 While	IAOL MUILE	foctory, street, office bldg., etc.	.)	
₹ p. m.	01 440			1	
21. I certify that (I) (th	inclusion of ten			60 to Nov. 8,	, 1960_, that (I) (VOX la:
saw the deceased aliv	re an Nov	19.60 pand that			nd an the date stated above
220. SIGNATURE	1 13	1.4	5:45		22b. DATE
wall	and /	much	M.D. PHYS. MI	ED. STAFF PHYS.	11/9/60
22c. PHYSICIAN'S		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	22d. ADDRESS		
NAME (Type) Will	ard F. Smi	th	Shadysid	le, Md.	
23a. BURIAL, CREMATION, 23b.	DATE THEREOF	23c. NAME ON CEMETERY	OF CREMATORY	23d/)LOCATION (City, town,	or sounty) (Stote)
REMOVAL (Specify)	-13-196	o Stellat	trews	Shadysis	le mal
FUNERAL DIRECTOR'S SIGNA	TUR6	ADDRESS /	250. REC'	D BY REGISTRAR 256. REG	SISTRAR'S SIGNATURE
nullami	Telse H	- WWW	CONTACT DATE NO	V 1 0 '60	
				C.	Stury S. Former

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## MARYLAND STATE DEPARTMENT OF HEALTH 12193 CERTIFICATE OF DEATH

12165

1. PLACE OF DEATH O. COUNTY Anne Arundel	MARYLAND	g. STATE	Where deceased lived. If institution b. BOUNTY.	n: Residence befare admission) more City
b. CITY OR TOWN (If outside carporote lim RURAL and give nearest town) Crownsville	c. LENGTH OF STAY IN 16 4 years 6mo 13 days	2 244	outside corporate limits, write RL	IRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION	give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Crownsville State F	Hospital	2533 Wood	brook Avenue	YES NO []
DECEASED	First Middle	Torrence	4. DATE Mont OF DEATH	- /-
s. sex 6. color or race  Female Negro	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthday) 80 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind af work during mast af working life, even if retired Unemployed	k done 10b. KIND OF BUSINESS OR IND		e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Unknown		Unknown		
1S. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no. or unknown) (If yes, give wor or dates of	f service)	Hospital R	Addr	ess
No SAUGE OF PRATILES	Unknown	TORDITATI NE	COLUB	INTERVAL BETWEEN
1B. CAUSE OF DEATH [Enter only one of PART I. DEATH WAS CAUSED BY:		d a saud a		ONSET AND DEATH
gove rise to immediate cause (o), stoting the under-	Suppurative No.	ephritis		
PART II. OTHER SIGNIFICANT CON COLOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	nditions <u>contributing to death</u> b	UT NOT RELATED TO THE TER	MINAL DISEASE CONDITION GIV	EN IN PART 1(0)  19. WAS AUTOPSY PERFORMED?  YES INO
	20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	n Port I or Port II of item 18.)	
20c. TIME OF INJURY Manth, Doy, You Hour a.m. 19	While Not while	PLACE OF INJURY (Home, far foctory, street, office bldg., e		(County) (State
21. I certify that (I) (this haspite sow the deceased offer an			356 , to 11/1 M, from the couses and	, 19 <mark>60</mark> , that (I) (we) last d on the date stated above.
22a. SIGNATURE	Who.	ATTENDING	MED. STAFF DIRECTOR PHYS.	22b. DATE 11/1/60 <sup>EL</sup>
22c. PHYSICIAN'S NAME (Type) L. Be	enedict, M. D.	22d. ADDRESS Crowns	ville State Hosp	pital, Maryland
23a. BURIAL, CREMATION, 23b. DATE THERE REMOVAL Specify)	EOF 23c. NAME OF CEMETERY  O M. CALV	OR CREMATORY	23d. LOCATION (City, town, o	(State)
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS PRACTA	25a. RE	WV 2 8 '60	TRAK'S SIGNATURE

TO HOSP VR A15 (4) 1SM 9/59

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THE STATE OF THE S overettet ucho (1 .on) Latiques etals ellivaments New legg legg miracount Indigmon Allego latrick in a 2 wind?

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A. Berelis, L. D.

The Albert And Annual Conference of the Conferen

**CERTIFICATE OF DEATH** 

1210

		TATOL							Keg. Dis	t. No.	
PLACE O. COU		Arundel		MARYL	AND	2. USUAL RESIDENCE (Who. STATE	nere deceased live	d. If institution b. COUNTY	ın: Residenc	e befare ad	dmission)
b. CITY RURA	OR TOWN (I	f autside carporate limi carest tawn) EL, Mde	ts, write	c. LENGTH OF STAY IF	- 1	c. CITY OR TOWN (IF o			JRAL and g	ive nearest	town)
d. NAM OR I	NSTITUTION C	istrictoring hildren's	eimir Cente	ngd School er		d. STREET ADDRESS Washing to	n, D.C.		100	0	RESIDENCE ON A FARM2
3. NAME DECEAS	SED	Fii	-	Middle		Van Look	4. DATE OF DEATH	Mont	remb <b>e</b> r	Doy 15	Year 1960
5. SEX mal		white	WIDOW			bept. 6, 1898	6	ot birthday) yrs.			JNDER 24 HRS.
Insti	tution	ON (Give kind of work in a life, even if retired alized	dane 10b.	. KIND OF BUSINESS OR	INDUST	ry 11. BIRTHPLACE (Stole unknown	ar foreign countr	r)	12. CITI	ZEN OF W	HAT COUNTR
3. FATHER		ward M. Va	n Loc	ok		14. MOTHER'S MAIDEN N Elizabeth					
IS. WAS D (Yes. no. or u	inknown)	R IN U. S. ARMED FOR Iff yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO.	1	ORMANT Children's Ce	enter, La	Address,			
g ave cause lying	ditions, if of prise to it (a), stating couse last.	the <u>under-</u> DUE TO	)	Epilepsy Mental ret	tard	nonia, dehydi ation				1(a) 19. W	RFORMED?
OR CO (IF EITI	CCIDENT WA	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature of injury in P	Part I or Part II o	item 18.)		YES	NO 🗆
₹ 20c. TI	ME OF INJUR Haur a. m. p. m.		While			E OF INJURY IHome, farm, ry. street, affice bldg., etc.		own)	(Co	aunty)	(State)
actual SIGNA	on No	orge T. Ec	196	omes	death o	Children's	AM, from the ADDRESS (Street, Street, Street)	e causes and city or town, s	nd an th	e date st	the decease tated abov DATE SIGNI 15/60
Bur	L, CREMATIO VAL (Specify)	Nov 16,		22c. NAME OF CEMET District		CREMATORY Ining School	22d. LOCATION Lau		county)	Maryla	State)
23. FUNERA	L DIRECTOR	SIGNATURE	estu	at Training	Le	hool DATE NO	by REGISTRAR V 21 '60	24b. REGIS	TRAR'S SIGN	4	

TO HOSP COR ATTENDING PHYSICIAN: The low requires that the death certificate are executed minimum.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled with page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to buriol, cremotion, or removal, and in any event within 72 hours ofter death. VS A15 (4) 15M 10/57

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# FOR STATE HEALTH DEPT. TO DESCIY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a play is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the runeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME

5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1 ( )

1919 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare daceased livad, If institution: Rasidenca bafore admission)
a. COUNTY Anne Arundel MARYLAND	Maryland b. COUNTY Anne Arundel
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
rural Riva	rural Mayo
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat addrass)	d. STREET ADDRESS   . IS RESIDENCE
Riva	ON A FARM? YES \ NO \
3. NAME OF Eirst Middla	Last 4. DATE Month Day Year
(Type or print) WILLIAM WARD	OF DEATH November 27 1960
	8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	APRIL 29 1928   last birthday)   Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST	
Allepment Chercelor Construction	MAYD MAD USA
W FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WHEATLEY E WARD SR	TVA MAE WITT
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
(Yas, no, or unkown) (Iffesgivawarordatasofsarvica)	EATRICE A WARD # 2
CAUSE OF DEATH [Enlar only ona causa par line for (e), (b), and (c).]	INTERVAL BETWEEN
DART L DEATH WAS CAUSED BY	ONSET AND DEATH
Multiple Traumatic	rii, Juries
DUE TO	
Conditions, if any, which gave risa to immediata causa	
(a), stating tha undarlying DUE TO	
cause last, (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3	YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20%. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO DEATH BUT NO  CAUSE OF DEATH.  A1 mol and Crash	(Enter nature of Injury in Part I or Part II of item 18.)
	ACE OF INJURY (Homa, ferm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
Hour a.m. Nov. 27 19 60   Whila Not Whila at work   at work	field Riva Anne Arundel Marvlan
21. I certify that I took charge of the remains described above, h	
death resulted from: Natural causes , Agcident X. Sui	cide , Homicide , Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL Charles S. Letts.	M.D. ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
STORY OF THE STORY	DEPUTY MEDICAL EXAMINER
NAME (Type) Charles S. Petty	Addrass (Streat, city, town, or county) 11/27/60
228. BURIAL, CREMATION, 226. DATE THEREOF   22c. NAME OF CEMETERY C	
BIRIAL 11-30-1960 MAYO MEM	.CEM. MAYO MD
23. FUNERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAR   246. REGISTRAR'S SIGNATURE
JOHN M. TAVLOR. SON ANNAF	OLS DATE NOV 2 9 '60 arthur S. Kraud

fedguer each Thusters Comment Lebrard ent o programme and Isin avis 38 cl 13 rednevoit 645 THE DU THE SULTE settone cament of the 5.5 F 2 2 00 75.70 22x 00:1 Burger Heart out on the Wide & selvano OAKHI DO DOS - MENTENNE MENTENNE V - - 1940 MANY THE RESIDENCE OF THE PARTY OF THE PARTY

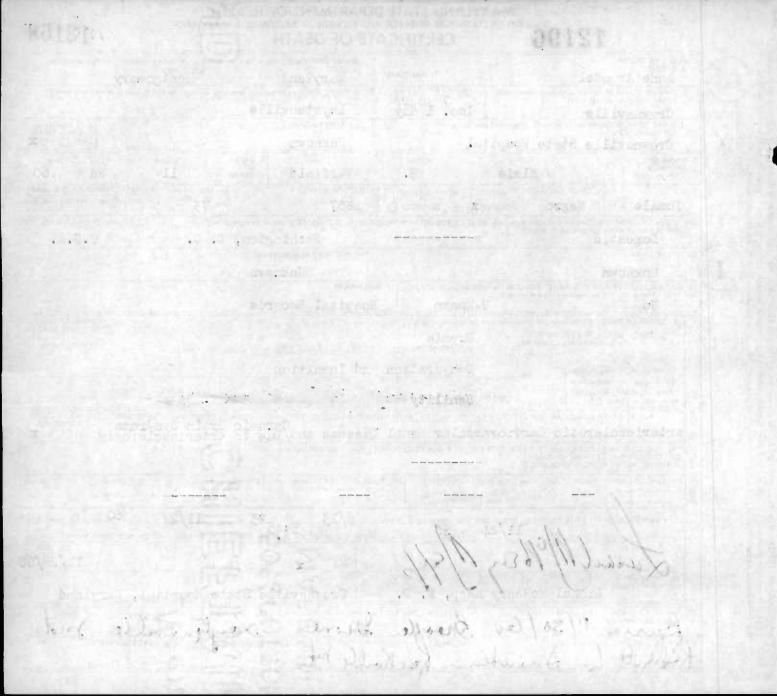
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TO HOS

VR A1S (4) 1SM 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	a. COUNTY Anne Arus	ndel		MARYL		o. STATE Maryland	Where decease	b. COUNTY	on: Residence		a odmissi	on) 🗸
	RURAL ond give ne		its, write	c. LENGTH OF STAY IN YEAR'S 1 Mo. I day	3	c. CITY OR TOWN (IF		prote limits, write R	URAL ond g	ive near	est tawn	
1	d. NAME OF HOSPIT	LLE AL (If nat in haspital, s	give street		y	d. STREET ADDRESS	TILE		1-)		. IS RESI	DENCE
	OR INSTITUTION Crownsvi	lle State	Hospi	tal		Unknown					ONA	FARM?
	3. NAME OF DECEASED (Type or print)	Fir E]	lsie	Middle E •		Warfield	4. DATE OF DEATH	Mon 11	th	Doy 24		1960
	s. sex Female	6. COLOR OR RACE	7. MARR	NEVER MARRIED  DIVORCED		DATE OF BIRTH		9. AGE (In years last birthdoy) 73 yrs.	IF UNDER Months	1 YEAR Days	Hours	R 24 HRS. Min.
1	Oa. USUAL OCCUPATION during mast of wark Domest:	ing life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUSTR		e or foreign on the ngton,		12. CITI		.S.A	OUNTRY?
1	13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					-
1	Unknow	n			100	Unka	nown					
	15. WAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	RMANT	and the Tr	Add	ress			110
	No			Unknown	Н	spital Reco	ords					
				ne for (o), (b), ond (c).]					111		RVAL BET	
	PART I. DEA	TH WAS CAUSED BY:	)	Uremia						01131	.,	OLA!!!
	4 4:	DUE TO										
	Conditions, if a		)	Dehydratio	on ar	nd Inanition	n		-		1.15	1-14
	gove rise to in cause (a), stating					DIVERSITIES						
1	lying cause lost.	) (c	-	Semility	EQ 23	150-27105						
1	PART II. OTH	ER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEAT	TH BUT N	OT RELATED TO THE TER	MINAL DISEAS	Brain Sy	VEN IN PART	1(o) 19	PERFO	RMED?
1	Arteriosc.	relocic car	ratov	ascular nens	at Di	sease and/	Due to	Arterios			YES	NO
	THER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter noture af injury i	n Port I or Po	rt II of item 18.)				
	20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Ye	While	NJURY OCCURRED 2 k of wark		E OF INJURY (Hame, far ry, street, office bldg., e		y or town)	(C	County)		(Stote)
	21. I certify the	11	11/2	led the deceased f		6/13 91	23.to_ 45M, fram					we) last above.
	22a. SIGNATURE	11/1/1	By	1/9/4	м.	ATTENDING PHYS.	MED. DIRECTOR [	STAFF PHYS.			11/	28/60
	22c. PHYSICIAN'S NAME (Type)	Lionel Mcl	lenry	Mapp, M. D.		22d. ADDRESS Crownsvil	lle Sta	te Hospi	tal, l	Vary	land	
	23a. BURIAL, CREMATTO REMOVAL (Specify)		Car	23c. NAME OF CEMET	TERY OR	JUNE JUNE	23d. LOGA	TION (City, town,	or county)	2	(Stote	e) A.
	24 FUNERAL DIRECTOR	S SIGNATURE A	and	ADDRESS	Kin	Ole Mare D	C'D BY REGIS	40	STRAR'S SIC		E	



### OF HEALTH TIMORE 1, MARYLAND

	M	ARYLAND	STATE	DEPA	RTA	MENT	C
	12158 M	OF STATISTICAL CE	RTIFIC	AND RI	OF	DEA	AL'
ATU						ECHDENIC	

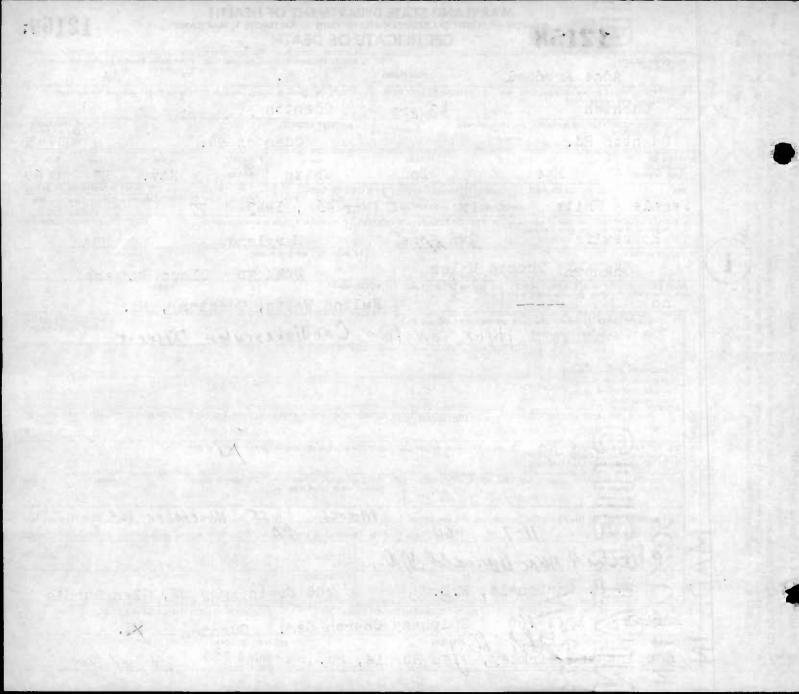
	PLACE OF DEATH	ne Arundel	м	ARYLAND	2. USUAL RESIDENCE (WHO o. STATE Md.	here deceased	b. COUNTY	an: Residence before AA	are admission)
	b. CITY OR TOWN (IF RURAL and give ne	outside carporate limits, warest tawn)	rite c. LENGTH OF S	yrs	c. CITY OR TOWN (IF o		rate limits, write RI	JRAL and give ne	arest tawn)
	d. NAME OF HOSPITA OF INSTITUTION Odenton	AL (If not in hospital, give s	treet address)		d. STREET ADDRESS Oder	nton 1	Rđ.		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Mae First		odd	Vatts	4. DATE OF DEATH	Mon No		y Year 3 19 60
5.	emale		MARRIED NEVER MA	WILLS I	Mar 25 . 18	883	9. AGE (In years last birthday)	IF UNDER 1 YEA Manths Days	R IF UNDER 24 HRS Haurs Min.
10a	. USUAL OCCUPATIO during mast of work HOUSEW	ing life, even if retired)	10b. KIND OF BUSINES		TRY 11. BIRTHPLACE (State	or foreign co	ountry)	12. CITIZEN C	F WHAT COUNTRY?
13.	FATHER'S NAME	XXXX Thom			14. MOTHER'S MAIDEN		Clara	Burges	
15. (Ye	WAS DECEASED EVER	R IN U. S. ARMED FORCES? If yes, give war or dates of service	16. SOCIAL SECURITY	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FORMANT ulton Watts	s, Ode	Addr enton,	ess	
CERTIFICATION	Canditians, if ar gave rise to in couse (a), stating t lying cause last.	nmediate DUE TO	DNS CONTRIBUTING TO		Cardiova				19. WAS AUTOPSY PERFORMED? YES NO
	(IF EITHER, NOTIFY 20c. TIME OF INJURY	CAUSE OF DEATH MEDICAL EXAMINER)  Y Manth, Day, Year 2	20d. INJURY OCCURRED	20e. PLA	CE OF INJURY (Hame, farm	n, 20f. (City		(Caunty	) (State
MEDICAL	21. I certify tho saw the deceos 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	t (1) (this hospitol) at ed olive an II-		sed fram.	A.D. ATTENDING MPHYS. DI	M, from		d an the dat	22b. DATE SIGNED
	BURIAL, CREMATIO	11/16/60	23c. NAME OF C Epiph		crematory hurch Cem.	23d. LOCAT	rion (City, tawn, o	or county)  Md	(State)
24.	Hopping	1210	ey, oten	Burni	25a. REC' DATE	NOV 1 7		Trans Signati	

s after death. Page 4 in by the funeral directar, and 2 should be filed with may be retained by the hospital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remave corban papers. Pages 1 the State Board of Health priar to burial, cremotion, or removal, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 TO HOSF

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VR A15 (4) 15M 9/59



12171

12156 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	MARYLAND	a. STATE	b. COUNTY	an: Residence before admission)
Anne Arundel		Maryla		Anne Arundel
<ul> <li>CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)</li> </ul>	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	utside carporate limits, write R	URAL and give nearest tawn)
Annapplis	3 days	RURAL	- Riva	
<ul> <li>d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION</li> </ul>	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Anne Arundel General Hospi	tal	/		YES NO
3. NAME OF First DECEASED	Middle	Lost	4. DATE Mon	th Day Year
(Type or print) Herbert	LARL	WICKSTROM	DEATH Novemb	er 29 19 60
S. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male White WIDOWE	DIVORCED	March 16, 1899		Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar fareign cauntry)	12. CITIZEN OF WHAT COUNTRY
Paring most of working life, every retired)	ELEPITONE	New York		U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME /	
CHARLES L. WI	CKSTROM	4UGUST.	A LARSON	Y
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT	no Add	ress
VO NO	- 6	hester Ci	NICKSLY	om 1
18. CAUSE OF DEATH [Enter anly one cause per lin	ne far (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	VIROCTORIE	Combest	THE EAST	ONSET AND DEATH
IMMEDIATE CAUSE (a)	LIVING IIFUIL	00110001	IN- THINK	The James of
143 X DUE TO	8	naon in	1.0 3100	
Canditians, if any, which	ERIENSIUE	CACDIOURSCO	hotel MISE	TE CALADWA
cause (a), stating the under-				
lying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	/EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
BIEEDING DUO:	DENAL UL	CEP		YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	Part I ar Part II af item 1B.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Manth, Day, Year 20d. It Haur a. m. 19 While at war		ACE OF INJURY (Hame, farm		(County) (State
Haur a.m. While at war	tagt witte	ctary, street, affice bldg., etc.	)	
	0	./ 24	h 11 2	0 /
21. I certify that (I) this respine) attend			oci, to 11-12	7, 1960, that (1) (vye) las
saw the deceased alive an 11-29	1960, and that a	leath accurred at	M, fram the causes ar	nd an the date stated above
22a. SIONATUE	22	ATTENDING ME	M. CTAFE	22b. DATE SIGNEI
Colluped the	reces	M.D. PHYS. DI	D. STAFF PHYS.	11/29/60
22C. HYSTCIAN'S		22d. ADDRESS		
NAME (Type) Edward S. Beck		71 Frankli	in St., Annapo	lis, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, town,	ar county) (State) /
CREMATION 12-3-60	FERNCLI	If CEMT.	WHITE PLA	ins N.Y.
24 PUNERAL DIRECTOR'S SIGNATURE Suss (	ADDRESS boli	mol 250. REC'I		STRAR'S SIGNATURE

DATEDEC 1

rs ofter death. Poge 4 the funeral director, should be filed with ond 2 may be revained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event within 72 haurs after death. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 TO HOS VR A1S (4) 1SM 9/59

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	Sept. 16, 2597	Control Transfer (1995) 42/3
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and the second of the second of the second		

VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

	12197	CERTIFICA	ATE OF DEATH	Larry Con	Reg. Dist. I	No.
	COUNTY AA	MARYLAND	2. USUAL RESIDENCE (Whe		nstitution: Residence b	pefore admission)
b.	CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	etside corporate limits,		nearest town)
d	NAME OF HOSPITAL (If not in pospital, give street of OR INSTITUTION 211 FVILLEE	Toddress)	d. STREET ADDRESS	esset Co	il.	e. IS RESIDENCE ON A FARM? YES NO
D	AME OF ECEASED ype or print) MARTLA	E Middle	ES / SC	4. DATE OF DEATH	Month 9 - 4	Doy Yeor
5. SE	6. COLOR OF RACE 7. MARR WIDOWE		B. DATE OF BIRTH  10 - 30 - 7	3. 9. AGE (In last birth	years IF UNDER 1 YE Months Do	EAR IF UNDER 24 HRS. ys Hours Min.
10a.	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Store	or foreign country)	12. CITIZEN	OF WHAT COUNTRY
13. F	ATHER'S NAME AMOS /	1/es	14. MOTHER'S MAIDEN NA	MEREL	?	
15. V  Yes.	VAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. (	NFORMANT FA 1111	dy -0	Address Alle-E	
	PART I. DEATH Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stoting the under-	re for (a), (b), and (c).]	rater Hea	rt dise	welsen	NTERVAL BETWEEN DISSET AND DEATH
₩ (	OR CONTRIBUTING [] CAUSE OF DEATH!		NOT RELATED TO THE TERMIN			19. WAS AUTOPSY PERFORMED? YES NO
	Hour a.m. While	HJURY OCCURRED 20e. PL Not while for work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(Coun	ity) (State)
3.7	21. I cortify that I attended the decease alive on 11/18 6 0, 19  ACTUAL SIGNATURE CONTROL OF THE STANDARD CONTROL OF THE STAN	ed from	accurred at		ises and on the	saw the deceased date stated above DATE SIGNED
2	BURIAL (REMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF	R CREMATORY.	22d. LOCATION (City,	town, or county)	(State)
23. FI	UNERAL DIRECTOR'S SIGNATURE	ADDRESS to AT as.	240. REC'D NO	11 0 0 100	REGISTRAR'S SIGNA	/

	HTARG TO BE	CERTIFICA	a suisi de la
			The second second
10 4314			
eletra ti seer tuur Trasitireta (1 ) ety		The second second	
		NO THURS AS ASSESSED.	

TYREAUTION TO STATE DEBED TO STATE OF BUILDING HYBOLD

o. STATE Maryland

d. STREET ADDRESS

Odenton

e. IS RESIDENCE

28'60

DATE

RAR'S SIGNATURE

arthur S. Kraus

YES NO

b. CITY OR TOWN (If autside carporate limits, write

d. NAME OF HOSPITAL (If not in haspital, give street address)

Anne Arundel

RURAL and give nearest town)
Ft Geo G. Meade,

U. S. Army Hospital

1. PLACE OF DEATH

a. COUNTY

MARYLAND

4 mons.

c. LENGTH OF STAY IN 1b.

Poge 4	director, led with	文(
exers ofter death.	in ay the funeral oand 2 shauld be fi	
the death certificate be executed within 24	the attending physicion and completely filled Then please remave carbon papers. Pages 1	and in any event, within 72 haurs after death.
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 kares after death. Page 4	vained by the haspital or attending physician.  L DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in ay the funeral director, and be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with	oard of Health prior to burial, cremation, ar remaval, and in any event, within the haurs after death.

TO HOSP

VR A1S (4) 1SM 9/59

	£	IAME OF DECEASED Type or print)	First ST.	EPHEN	Middle L	W.	LCOX		4. DATE OF DEATH	NOVEM		22	2	Year 19 60
	S. S	Male	0	7. MARRIED N	NEVER MARRIED		June			9. AGE (In years last birthday) 35 yrs.	IF UNDE Manths	Days	IF UNDE Haurs	Min.
1	10a. USUAL OCCUPATION (Give kind af wark during mast af warking life, even if retired Soldier			,	e 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  US Army  Elmira, New York					JSA	WHATC	OUNTRY?		
		FATHER'S NAME	known				1	MAIDEN N	Know	un		X.		
		Yes	er in u. S. ARMED FORCE (If yes, give wor or dates of see 1947 to dat	rvice)		ers		Reco	rds Ft	eo G.		, M	d.	
K			ATH [Enter anly one cau ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Anoxi								INTI	ERVAL BE SET AND	DEATH
		Conditions, if gave rise to cause (a), stating lying cause last	immediate DUE TO	blood	l loss	ntes	tinal	blee	ding					
	FICATION	Rena	HER SIGNIFICANT COND								EN IN PA	RT 1(a) 1	PERFO	AUTOPSY ORMED?
	MEDICAL CERTIF	OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCRIBE H	OW INJURY OCCURR	ED. (Ent	er nature o	f injury in I	Part I or Por	f II at ilem 18.)				
		20c. TIME OF INJU Haur a. m. p. m.	10	While _ No				Hame, farm bldg., etc	, 20f. (City	ar tawn)		(Caunty)		(State)
		saw the deced	ot (I) (this hospitol) ased alive on2	ottended the	e deceosed from.	deoth	8 Nov	19. d at 9:3	60 , to_	22 Nov	, 19 id on th	60, the dote	ot (I) (	we) los l obave
		22c. PHYSICIAN'S NAME (Type)	HOWARD BOB	Al Do	apt., M.C.		ATTENDING PHYS. 22d. ADDRE	ESS DI	ED. RECTOR D	STAFF PHYS. 17	le. M	22		b.DATE SIGNEI 60
7	23a.	BURIAL, CREMATI	ON, 23b. DATE THEREO		NAME OF CEMETERY	. 7		nd)		TION (City, town,			(State	e)
-	24	FUNERAL DIRECTO	P'S SIGNIATURE 4	A	DDDESC	1.1		250 050	D BY BECIST	PAR OCH PECI	CTDAD'S S	IGNATU	P.F.	

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)

Dunrovin Trailer Park

b. countyne Arundel

4 TATES TO STADISHED OF SELECT 

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

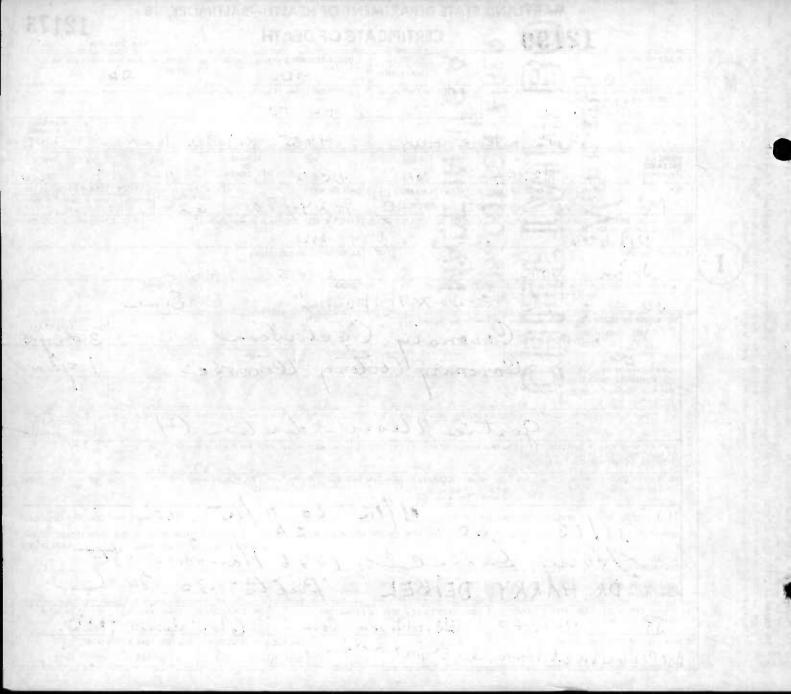
TO HOSPI

VS A15 (4) 15M 9/5B

ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	12199		CERTIFIC	ATE OF DEAT	Н		Reg. Dist. N	o.	
1. PLACE OF DEATH o. COUNTY	. A.		MARYLAND	2. USUAL RESIDENCE (W o. STATE		l. If institutio b. COUNTY	n: Residence bel	fore admiss	ion)
b. CITY OR TOWN (IF RURAL ond give new	outside corporate limarest town)	its, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		mits, write RL	JRAL ond give n	earest town	1)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital,	Ritchie	1	d. STREET ADDRESS	Ritch	ie N	wy.		FARM?
3. NAME OF DECEASED (Type or print)	HAR		Middle	Lost WCOD	4. DATE OF DEATH	Mont	- 15-	,	Year 1960
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED DIVORCED	9-24-9	o los	E (In years t birthdoy) yrs.	Months Days		Min.
during most of work	N (Give kind of work ing life, even if retired	done 10b. KINI	D OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote	or foreign country		12. CITIZEN	OF WHAT C	OUNTRY
13. FATHER'S NAME	Woos			14. MOTHER'S MAIDEN	- 1	u rice			
15. WAS DECEASED EVER (Yes, no, or unknown)	IN U. S. ARMED FOI	service)	- 10-7331	FAMILY		Sa L	ess me_		
18. CAUSE OF DEA	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	1000	or (0), (b), and (c).]	Ocalus	ion		100	TERVAL BE	DEATH
Conditions, if on gove rise to in	nmediate (	Coro	mary a	tery Le	eseose			1 4	ear
couse (o), stoting t	) (0	:)		/				a land	
CATIC	9	ostn	ie Illa	NOT RELATED TO THE TERM	ation	(3/	EN IN PART I(o)	PERFO YES	RMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBI		ED. (Enter noture of injury in					
ZOC. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	ar 20d. INJUR While of work [	Not while of work	LACE OF INJURY (Home, for octory, street, office bldg., etc.	m, 20f. (City or to	wn)	(County	()	(Stote)
21. I certify the	at attended the	1		2, 19 6 C, ta 1 h accurred at 3 A	M. from the		that I last so		
ACTUAL SIGNATURE	farry	Dec	Elel	M.D. 1276	ADDRESS (Street, o			DAT	E SIGNED
PHYSICIAN'S DA	R. HARI	RYT	DEIBEL	Bel	te s	86	mal		
220. BURIAL, CREMATION REMOVAL (Specify)	11-19-	60 22	GLEN NAV	or crematory	22d. LOCATION	City, town, o	r county) net, h	1 D.	e)
11/10 Celly		neo 13	OE fort a	24a. REC	OV 1 7 '60		TRAR'S SIGNATI		



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	<b>■.</b> ■	=	

**CERTIFICATE OF DEATH** 

1. PLACE OF DEATH o. COUNTY	MARYLAND	o. STATE	ere deceased lived. If institut b. COUNTY	Y	
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 1b	Maryla	and outside corporate limits, write	Anne Ari	
RURAL and give nearest town)	C. LENGTH OF STAT IN 18			KUKAL UNG GIVE	nedresi lowily
Annapolis		Annapol	18	100000	e. IS RESIDENCE
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS			ON A FARM?
Anne Arundel General Hos	spital	28 Monroe	T .		YES NO X
3. NAME OF First	Middle	Last	4. DATE Mo	nth	Day Year
(Type or print) HBE	FRANK	ZELKOWI	DEATH Novem		1960_
6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Do	EAR IF UNDER 24 HRS
Male White WIDOW	ED DIVORCED	April 18, 189			72 110013 111111
0a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN	OF WHAT COUNTRY
	tail Grocery S	tore New 1	lork	USA	
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Samuel Zelkowitz		Sarah Blo	ock		
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT		dress	
(Yes, no, or unknown) (If yes, give war or dates af service)	Mr	Goldie Zelke	witz- Wife- S	ama as	# 2
18. CAUSE OF DEATH [Enter only one couse per li		J. WOLLIAN STOLEN	782 702 702 70		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	cude nu lancera	004 0 00 000 00	M. (1985) M. (1985)		30 men
IMMEDIATE CAUSE (o)	were proportion	1			3071110
	t. Carrier	- a luci			16
Conditions, if ony, which gove rise to immediate (b)	use cerenary	accusin			100
couse (o), stoting the <u>under.</u> DUE TO  lying couse lost.					
, (0)	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION G	IVEN IN PART 16	o) 19. WAS AUTOPSY
E I I I I I I I I I I I I I I I I I I I					PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS (  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter noture of injury in	Port I or Port II of item 18.)		TIS LI NO L
OR CONTRIBUTING TO CAUSE OF DEATH	CRIDE HOW HADRI OCCURRE	D. (Ellier holore of injury in	7011 701 7011 11 01 11011 1017		
	NJURY OCCURRED 20e. PI	LACE OF INJURY (Home, form	n, 20f. (City or town)	(Cour	nty) (Stote
Hour o. m. While		octory, street, office bldg., etc		(Coor	niy) (Sion
p. m. 19 of wor	rk ot work	1/2			
21 I certify that (I) (this haspital) attend			60 , to		, that (I) (we) las
saw the deceased alive an	1960, and that	death accurred at 2:3	M, fram the causes a	nd an the d	ate stated above
220. SIGNATURE )	2	ATTENDING & C.	CTAFE		226 DATE SIGNE
Michael M O s	u	M.D. PHYS.	ED. STAFF		11/3/10
72c. PHYSIQIAN'S NAME (Type)	2	22d. ADDRESS			
SICHARD W-	1 GELER	HUNAF	ous, mos		
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, town,	or county)	(Stote)
Bur 181 (Specify) Nov. 4, 1960	Kneseth Isra	el Cemetery	Annapolis, M	laryland	
24 FUNTERAL DIRECTOR'S SIGNATURE	ADDRESS			SISTRAR'S SIGNA	ATURE
Hopping Funeral Home	Annenalia W	DATE	NOV 7 '60	Clothing of	9 1-
Joine	Annapelis, Mar	yland		- Act and	Thomas

may be retained by the haspitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or remaval, and in ony event, within 72 have after death. after death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h

TO HOSPIT VR A15 (4) 1SM 9/59

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